

Name  
in  
Full

Tillam Is Armstrong

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Annapolis md Annapolis CoDate of death 1908 July 20 Age — Months 4 Days —Sex female Color or Race Colored Birth-place Annapolis mdOccupation — Where Residing if not at place of death Linson PlaceMarried, Single Single Name of Wife or Husband —Father's Name William MillerFather's Birthplace Capton mdMother's Maiden Name Jamie ArmstrongMother's Birthplace AnnapolisName of person giving information Jamie ArmstrongHow related to deceased mother

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONERPrimary Cholera InfantumHow long Four daysImmediate ExhaustionHow long Gradual

Are the name, age, sex, color, date and place correctly given above?

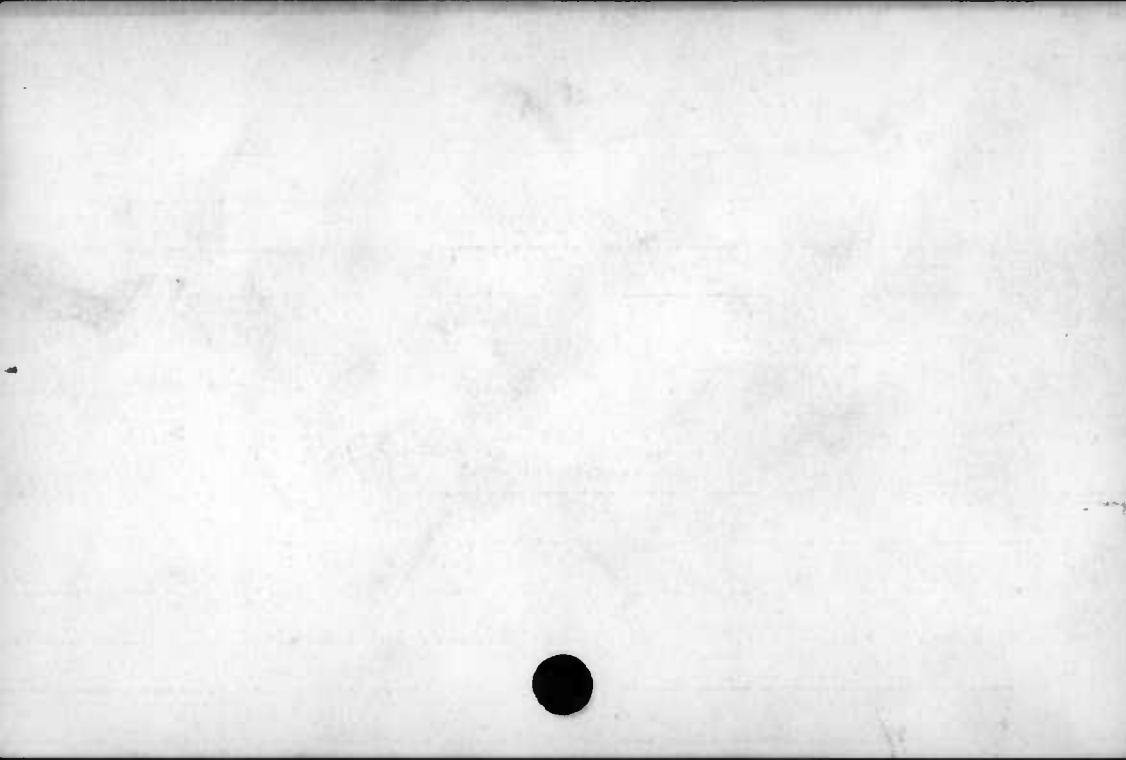
yes

Signature of Physician

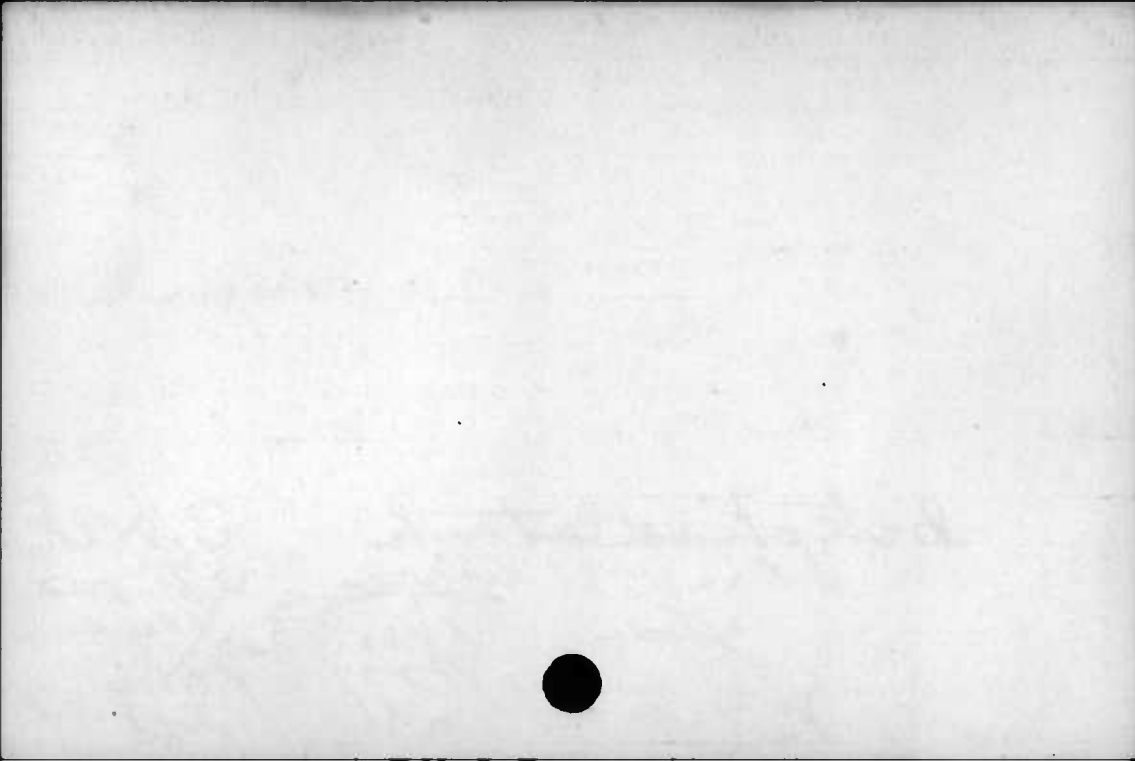
Address

John Ridout  
Annapolis  
Md

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH	
John To Beall		County Anne Arundel MARYLAND	
Died at Annapolis		Date of death 1908 July 17 Age 69	
Sex Male		Color or Race White	Birth-place New York City
Occupation Machinist		Where Residing if not at place of death	
Married, Single or Widowed Married		Name of Wife or Husband Mary A Beall	
Father's Name Thomas Beall		Father's Birthplace A.A. Co. Md.	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown	
Name of person giving information Mrs. B. Beall		How related to deceased Son.	
CAUSES OF DEATH			
Primary Central Apoplexy		How long 4 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. Oliver Purnan	
Accident or Suicide? No		Address Annapolis Md.	



Name  
in  
Full

George. a. Boston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Camparoll Md</i>		County <i>a. a. Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>10</i>	Age <i>—</i>	Months <i>5-</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Camparoll, md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Camparoll md</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Thomas Boston</i>			Father's Birthplace <i>South River md</i>		
Mother's Maiden Name <i>Wassie Snodden</i>			Mother's Birthplace <i>Warrinville md</i>		
Name of person giving information <i>James Boston</i>			How related to deceased <i>Grand father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Intestinal Catarrh</i>	How long	<i>2 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>		Signature of Physician <i>H. D. Keegan</i>	
Accident or Suicide? <i>no</i>		Address <i>Springfield 60 State Street Et</i>	

Rev. Rem

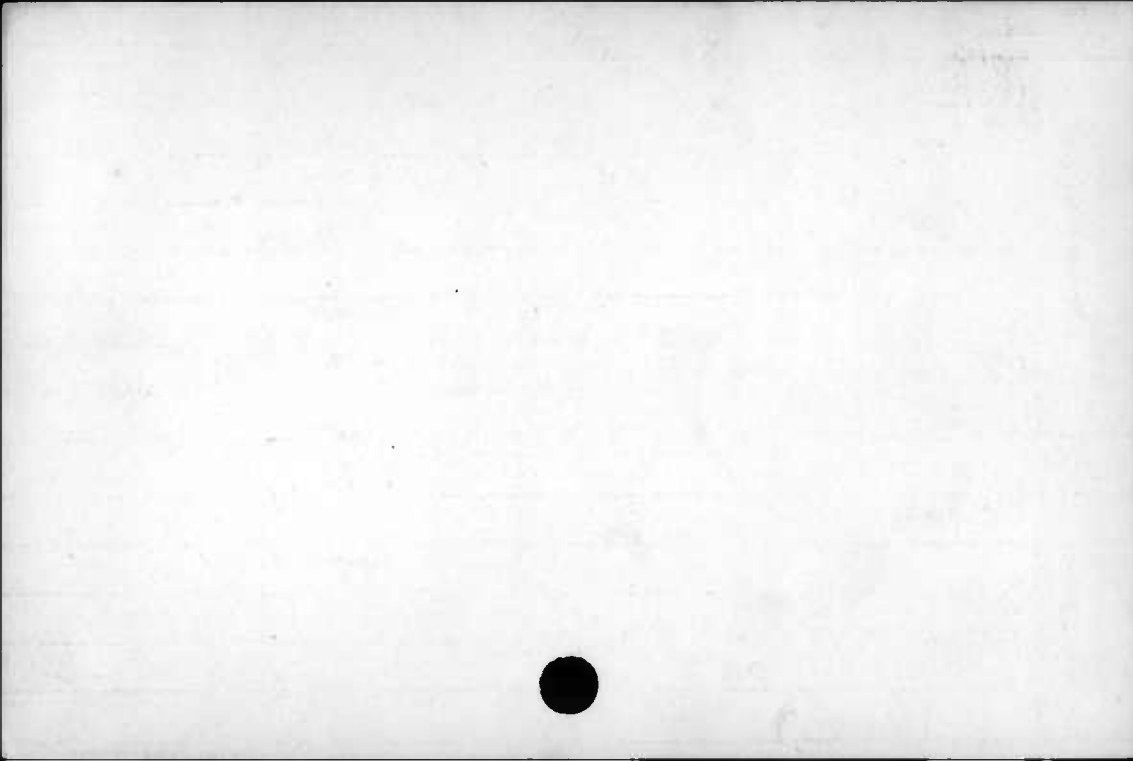
Name in Full		Clara Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Churchton	County A. A.		MARYLAND	
	Date of death	1908	Month July	Day 13th	Age 1 and 1 month old	Years	Months Days
	Sex	Female		Color or Race	Colored		Birth-place Churchton
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Wm. Brown				Father's Birthplace	Churchton
	Mother's Maiden Name	Rebecca Froot				Mother's Birthplace	Churchton
Name of person giving information	Geo. Brown				How related to deceased	Grandfather	
<div>CAUSES OF DEATH</div> <div>105</div>							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	2 weeks
	Immediate	Inanition. Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	T. R. W. Wilson	
					Address	Churchton, Md.	
Accident or Suicide?							

Intimus d  
Franklin Penning

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Name in Full		Marion Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Camp Parole	County A-a-		MARYLAND	
	Date of death	1908	Month July	Day 7	Age -	Years -	Months 4
	Sex	Female		Color or Race	Colored		Birth-place Camp Parole
	Occupation	Unknown			Where Residing if not at place of death Camp Parole		
	Married, Single or Widowed	Single		Name of Wife or Husband Unknown			
	Father's Name	Daniel Brown				Father's Birthplace South River	
	Mother's Maiden Name	Charlotte Brown				Mother's Birthplace Annapolis	
Name of person giving information		Daniel Brown				How related to deceased Father	
Brewerhill Cent.		CAUSES OF DEATH		151			
PHYSICIAN OR CORONER	Primary	Congenital debility				How long 4 months	
	Immediate	Exhaustion				How long 2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician R. P. Kuyper		
	Accident or Suicide?		No		Address Annapolis 60 Cathedral St.		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

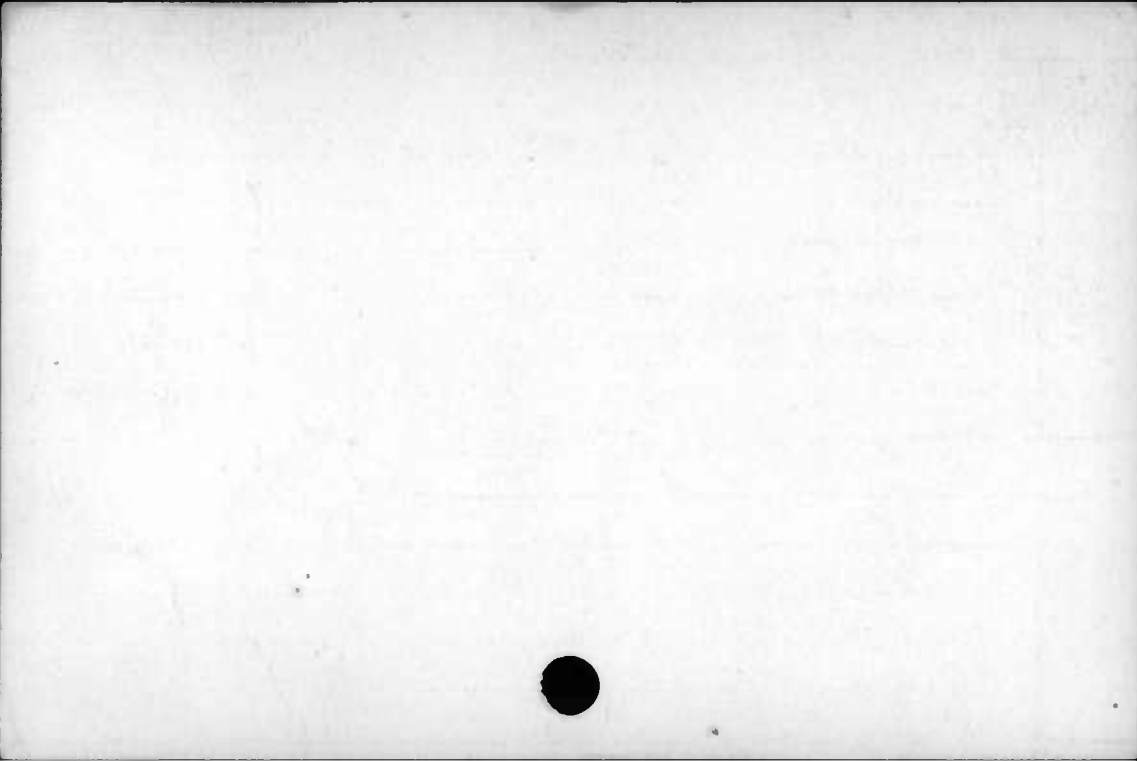
Name in Full <i>John Budricki Jr</i>		Town <i>Solleys</i>		County <i>Anne Arundel Co</i>		MARYLAND		
28	Died at	Date of death		Month	Day	Years	Months	Days
	<i>1908</i>	<i>July</i>	<i>6</i>	<i>Age</i>	<i>2</i>	<i>12</i>		
	Sex	Color or Race		Birth-place				
	<i>Male</i>	<i>White</i>		<i>Maryland</i>				
	Occupation	Where Residing if not at place of death						
	Married, Single or Widowed	Name of Wife or Husband						
	Father's Name	<i>John Budricki</i>		Father's Birthplace		<i>Bohemia</i>		
	Mother's Maiden Name	<i>Mary Lashviki</i>		Mother's Birthplace		<i>"</i>		
	Name of person giving information	<i>John Budricki</i>		How related to deceased		<i>Father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Cholera-Infantum</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C. Pote Coroner</i>
	Address <i>Brooklyn A &amp; C Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burke</i> Town		County <i>a</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>27</i>	Age <i>76</i>	Years <i>-</i> Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Samuel Burke</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>-</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Henry Burke</i>					

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>8 days</i>
Immediate <i>Heart Failure, Exacerbation</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. L. Robinson</i>
	Address <i>Burke, Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Thomas Astor Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Annapolis		Annapolis		Anne Arundel		Maryland	
Date of death	1908	Month	July	Day	16	Years	64
Sex	Male	Color or Race	Colored	Birth-place	A.A. Co. Md		
Occupation	Minister		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		34 Second St. E. M. Carroll			
Father's Name	Jacob Carroll		Father's Birthplace		A.A. Co. Md		
Mother's Name	Margaret Bias		Mother's Birthplace		A.A. Co. Md		
Name of person giving information	Ella M. Carroll		How related to deceased		Wife		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Acute Nephritis	How long	2 weeks
Immediate	Uremic Coma	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. P. Kupper
	No	Address	60 Cothran St. Annapolis Md
Accident or Suicide?	No		

Elizabeth Thompson

William Thompson

Anna Dyer

Jessie

1

Raymond Thompson

1

Walter Thompson

William

1

3

Admiral Thompson

Kathleen Parker

Benjamin

3

Thomas

1

Thomas



Name  
in  
Full

Edna C. Chew

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

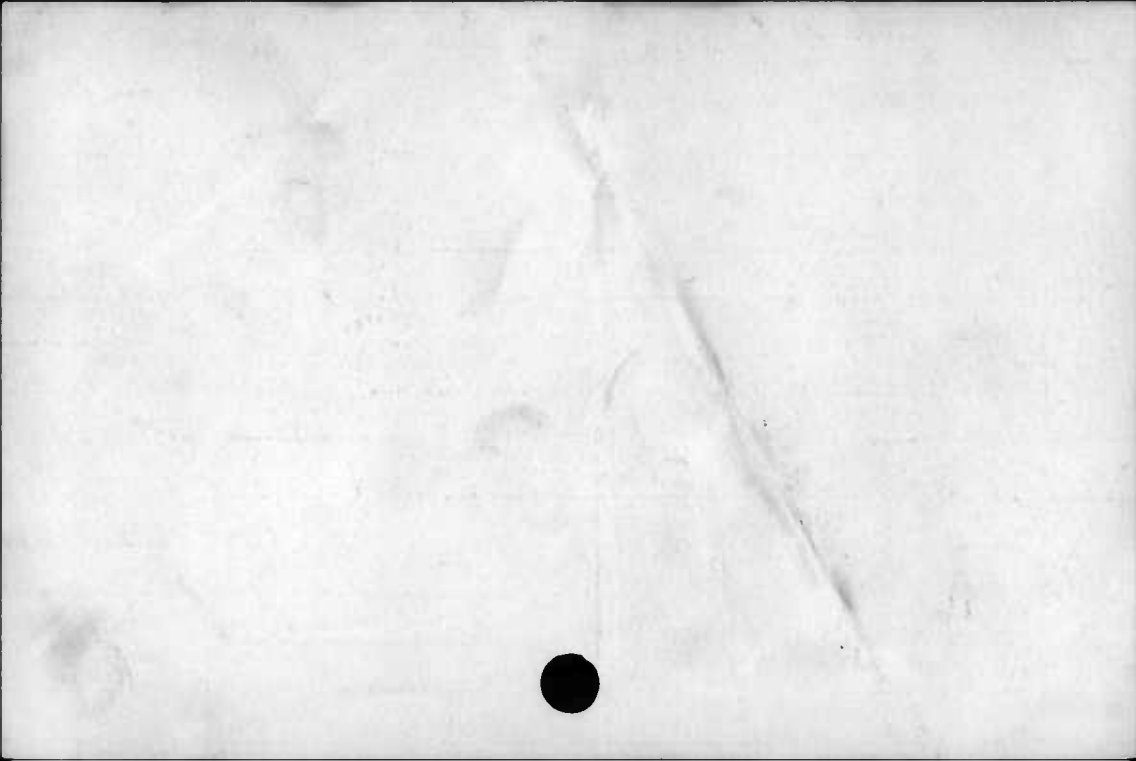
Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1908	Month	July	Day	28
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation			Birth-place	<i>Annapolis</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Walter Chew</i>		Father's Birthplace	<i>Annapolis Md</i>	
Mother's Maiden Name	<i>Mary Boulton</i>		Mother's Birthplace	<i>Annapolis Md</i>	
Name of person giving information	<i>Walter Chew</i>		How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Infect - Enteritis</i>	How long	<i>8 new weeks</i>
Immediate	<i>Insanition</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Louis B. Tucker Jr</i>
		Address	<i>Annapolis, Md.</i>
Accident or Suicide?	<i>Neither</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

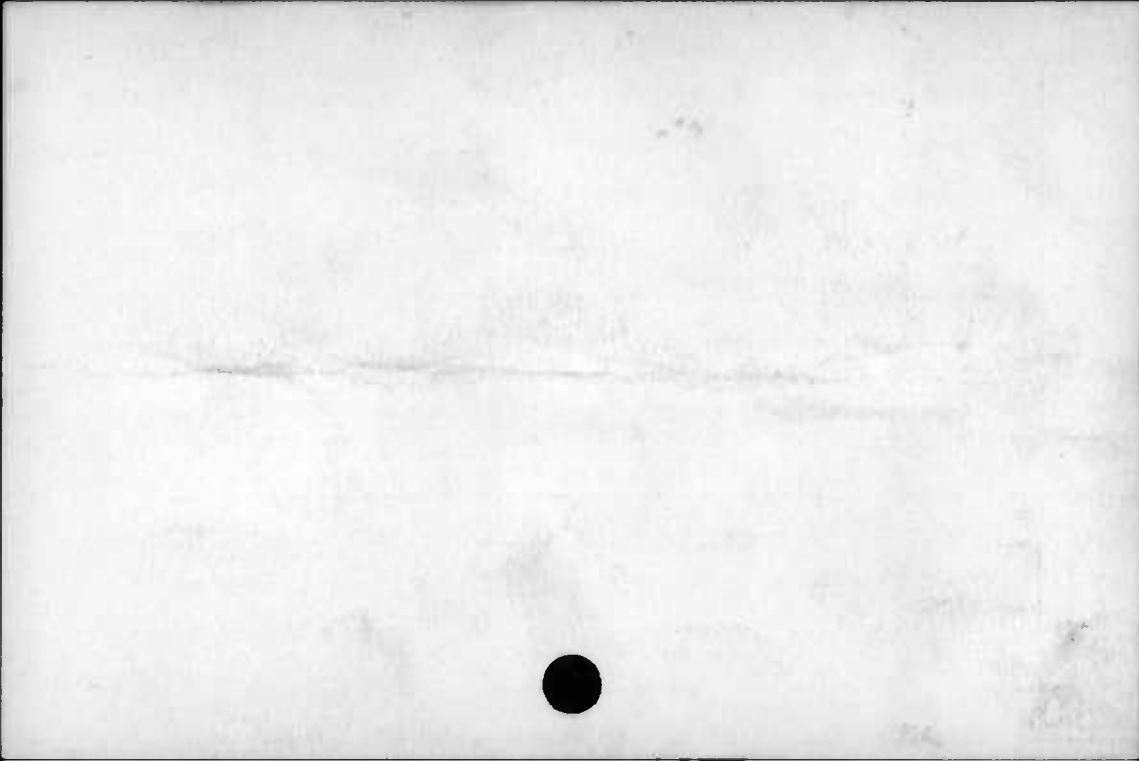
Name in Full <i>Wm C. Childs</i>		Town <i>Brownsville</i>		County <i>A</i>		State <i>A</i>	
Died at <i>Brownsville</i>		Month <i>7</i>		Day <i>25</i>		Age <i>1</i>	
Date of death <i>1908</i>		Month <i>7</i>		Day <i>25</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>		Months <i>9</i>	
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Childs</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Georgiana Howard</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>John Childs</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>Morsem, Influenza</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. J. Robinson</i>
	Address <i>Brownsville, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

*Sarah A Collins*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

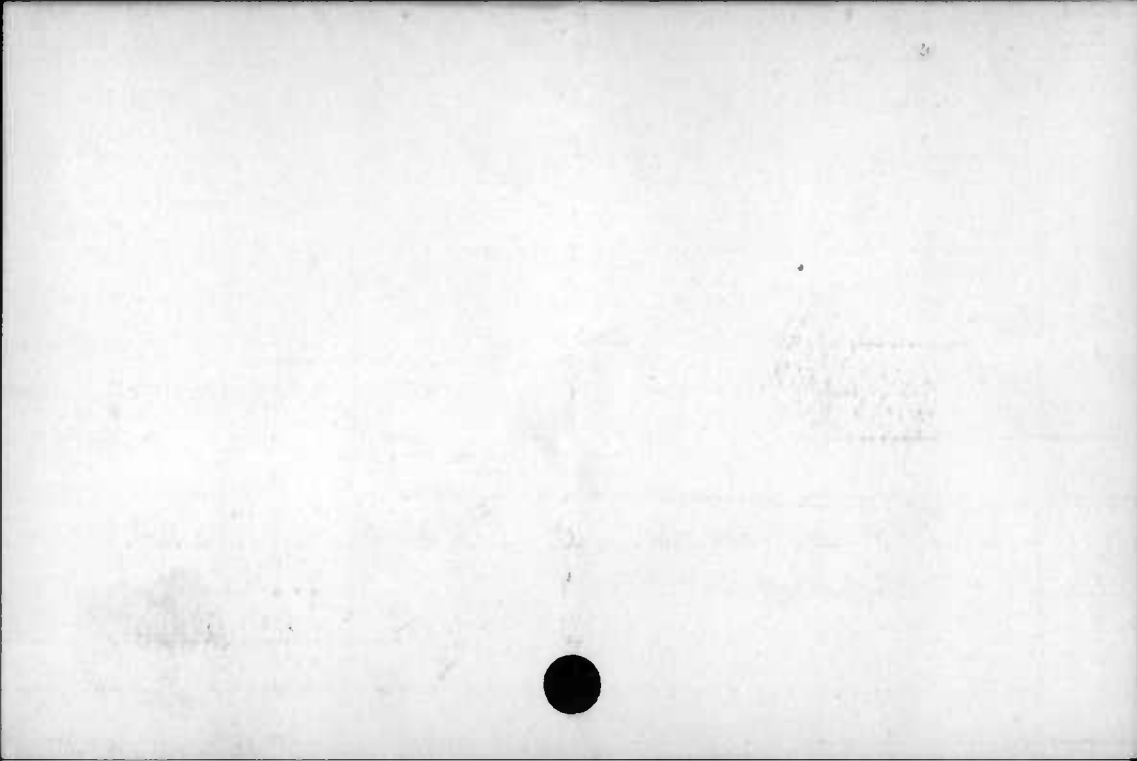
Died at <i>Brooklyn</i> <sup>Town</sup>		<i>a</i> <sup>County</sup> <i>a</i>		MARYLAND	
Date of death <i>1908</i>	<i>7</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>64</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>-</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Momplout</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of <del>Wife</del> or Husband <i>E. J. Collins</i>			
Father's Name			Father's Birthplace <i>Med</i>		
Mother's Maiden Name			Mother's Birthplace <i>Med</i>		
Name of person giving information <i>E. J. Lytle</i>			How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

**169**

PHYSICIAN  
OR CORONER

Primary <i>Heart Prostration</i>	How long <i>6 Hours</i>
Immediate <i>Cordiac Failure</i>	How long <i>25 Minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Robinson</i>
<i>No</i>	Address <i>Brooklyn Md</i>
Accident or Suicide? <i>No</i>	



Name in Full		Clarence B Collins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i> <sup>Town</sup>		<i>a a</i> <sup>County</sup>		MARYLAND	
		Date of death <i>1908 July</i> <sup>Month</sup>		<i>16</i> <sup>Day</sup>		<i>2</i> <sup>Months</sup>	
		<i>Male</i> <sup>Sex</sup>		<i>White</i> <sup>Color or Race</sup>		<i>Annapolis</i> <sup>Birth-place</sup>	
		<i>None</i> <sup>Occupation</sup>		<i>None</i> <sup>Where Residing if not at place of death</sup>			
		<i>Single</i> <sup>Married, Single or Widowed</sup>		<i>None</i> <sup>Name of Wife or Husband</sup>			
		<i>Charles Collins</i> <sup>Father's Name</sup>		<i>Annapolis</i> <sup>Father's Birthplace</sup>			
		<i>Mary E Brackett</i> <sup>Mother's Maiden Name</sup>		<i>Annapolis</i> <sup>Mother's Birthplace</sup>			
<i>Charles Collins</i> <sup>Name of person giving information</sup>		<i>Father</i> <sup>How related to deceased</sup>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">151</div>							
PHYSICIAN OR CORONER		Primary <i>Marasmus</i>		How long <i>2 months</i>			
		Immediate <i>Exhaustion</i>		How long			
		<i>Yes</i> <sup>Are the name, age, sex, color, date and place correctly given above?</sup>		<i>Wm S Welch</i> <sup>Signature of Physician</sup>			
				<i>Annapolis</i> <sup>Address</sup>			
		<i>—</i> <sup>Accident or Suicide?</sup>					





Name  
in  
Full

## CERTIFICATE OF DEATH

George J. Cook, Jr

Town

County

MARYLAND

Died at

Rock Point-

Anne Arundel

Date

1908

Month

July

Day

14

Years

Age

Months

Days

4

Sex

Male

Color or  
Race

White

Birth-  
place

Anne Arundel Co.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

George J. Cook

Father's  
Birthplace

Anne Arundel Co.

Mother's  
Maiden Name

Eleanor Moore Yates

Mother's  
Birthplace

Virginia

Name of person giving  
In formation

George J. Cook

How related  
to deceased

Father

## CAUSES OF DEATH

150

Primary

Patent Foramen Orale

How long

Since birth

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

James S. Bellinger MD

Armiger

Accident or Suicide?

No

Md

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Oster, D. Gonish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

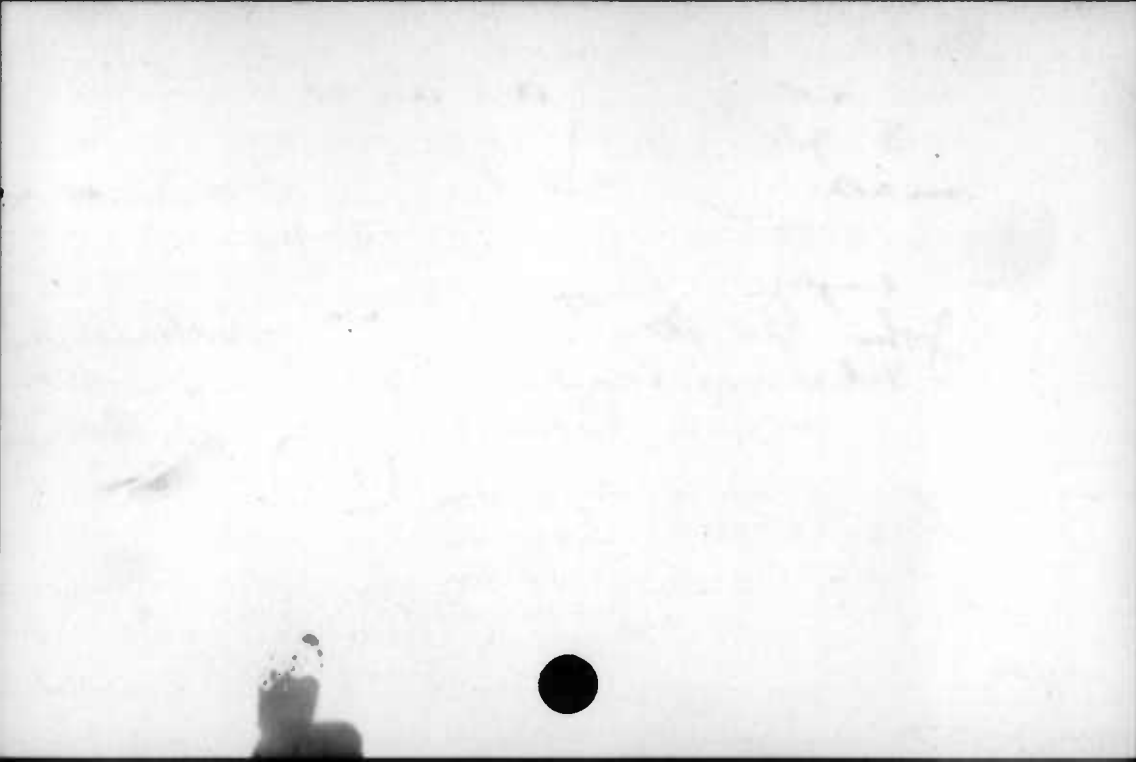
Died at <u>Annapolis Md</u>		County <u>a. a. co</u>		MARYLAND	
Date of death	190 <u>8</u>	Month <u>July</u>	Day <u>4</u>	Age <u>4</u>	Years <u>3</u> Months <u>4</u> Days <u>4</u>
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Annapolis Md</u>		
Occupation <u>_____</u>	Where Residing if not at place of death <u>17. Seaboard st</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>John. a. Gonish</u>	Father's Birthplace <u>Columbia Md</u>				
Mother's Maiden Name <u>Sda. J. Ponder</u>	Mother's Birthplace <u>Annapolis Md</u>				
Name of person giving information <u>John a. Gonish</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>_____</u>
Immediate <u>Exhaustion</u>	How long <u>1</u>
Are the name, age, sex, color, date and place correctly given above? <u>as far as I know</u>	Signature of Physician <u>F. H. Thompson M.D.</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <u>_____</u>	



Name  
in  
Full

Mary Czak

CERTIFICATE OF DEATH

26

TO BE ANSWERED BY  
NEAREST FRIEND

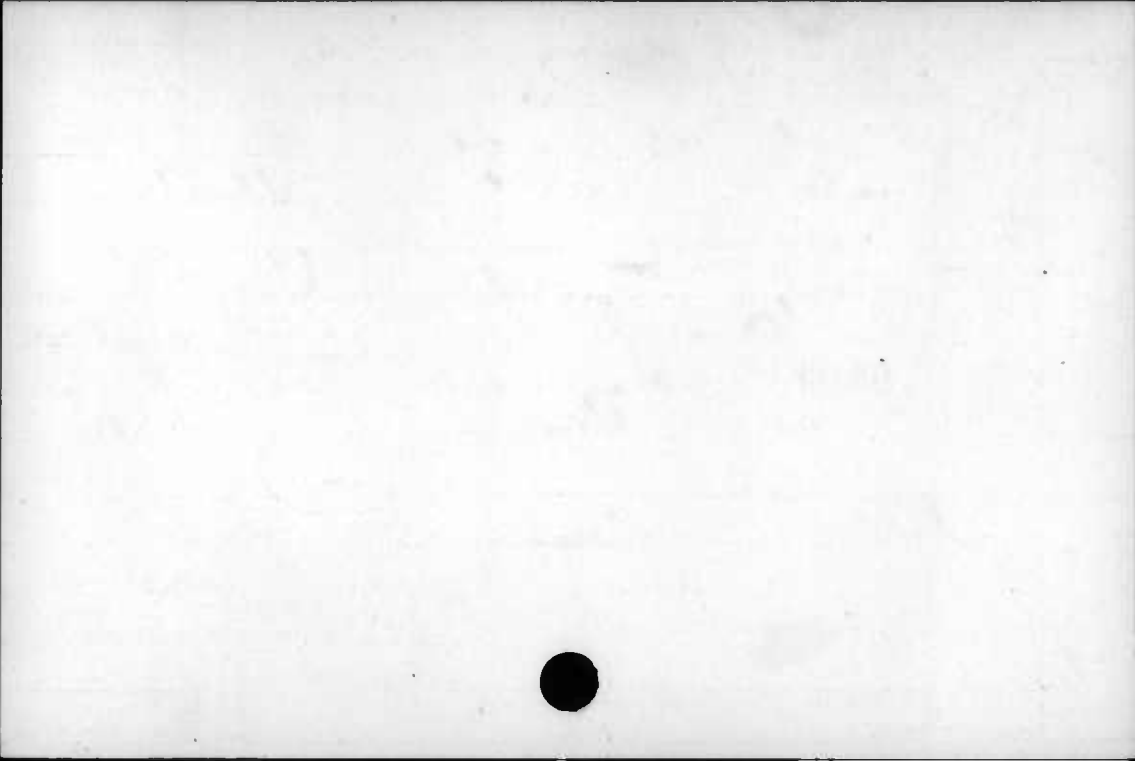
Died at <u>Bo. Balto</u> <small>Town</small>		<u>Art</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>July</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>40</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Austria</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, <u>—</u>	Name of <u>—</u> Husband <u>Julius Czak</u>				
Father's Name <u>John Yasay</u>	Father's Birthplace <u>Austria</u>		Mother's Birthplace <u>11</u>		
Mother's Maiden Name <u>Unknown</u>	Name of person giving information <u>Julius Czak</u>		How related to deceased <u>Husband</u>		

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <u>Acute Indigestion</u>	How long <u>2</u>
Immediate <u>Paralysis of Heart</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. B. Horton M.D.</u>
	Address <u>So. Balto, Md</u>
Accident or suicide? <u>—</u>	



Name  
in  
Full

Florence Octavia Dicke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

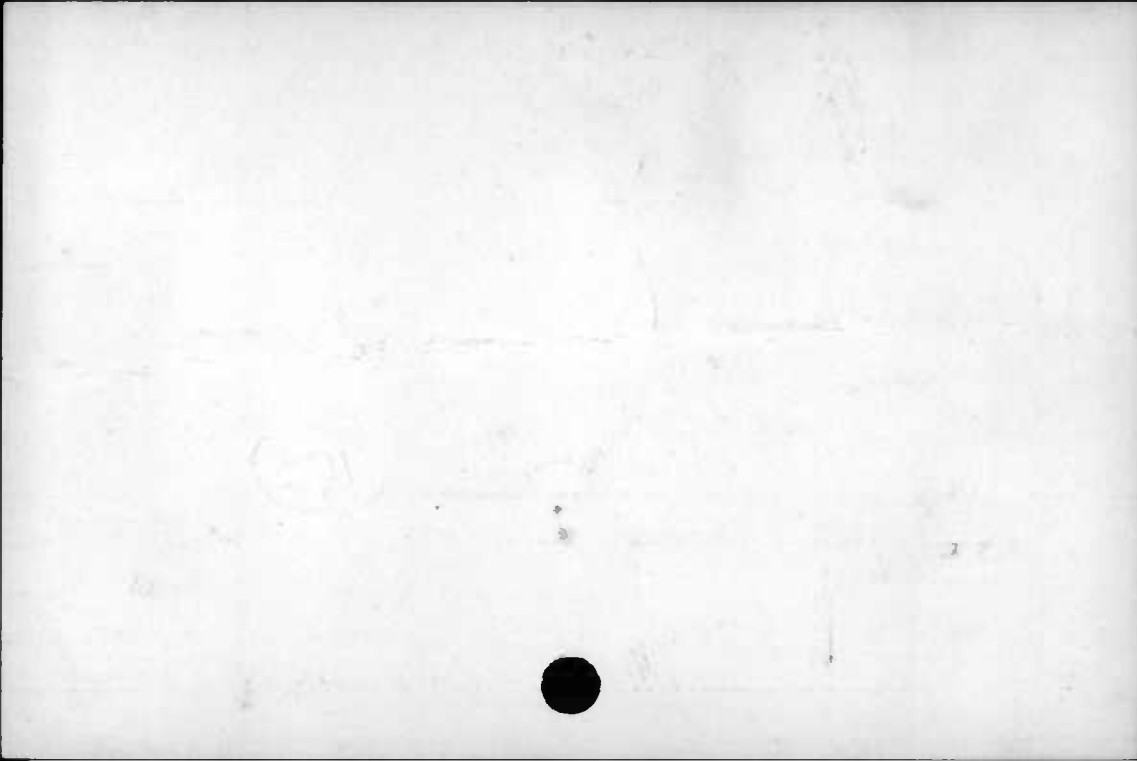
Died at <sup>Town</sup> Eastport		<sup>County</sup> Anne Arundel		MARYLAND	
Date of death	1908	Month	July	Day	6
Age		Years		Months	6
Sex	Female	Color or Race	White	Birth-place	Baltimore
Occupation	Infant		Where Residing if not at place of death		
Married, Single or Widowed	Infant	Name of Wife or Husband			
Father's Name	Leonard V. Dicke			Father's Birthplace	Baltimore
Mother's Maiden Name	William Richter			Mother's Birthplace	" "
Name of person giving information	Mrs F. C. Clark			How related to deceased	Not any but raised the mother

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Acute Colitis	How long	6 weeks
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Oliver P. P. P.	
Address		Annapolis	
Accident or Suicide?		No	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Francis Ray Dickerson

Died at <sup>Town</sup> Eastport <sup>County</sup> A. A. Co.

MARYLAND

Date of death | 90 8 | Month July | Day 15 | Age — | Years — | Months 3 | Days 10

Sex Male | Color or Race White | Birth-place Eastport, Md.

Occupation — | Where Residing if not at place of death —

Married, Single or Widowed single | Nama of Wife or Husband none

Father's Name Ray W. Dickerson | Father's Birthplace Missouri

Mother's Maiden Name Helen Elizabeth Mitchell | Mother's Birthplace Maryland

Name of person giving information Ray W. Dickerson | How related to deceased Father

## CAUSES OF DEATH

105

Primary | How long 6 weeks

Immediate " "

Are the name, age, sex, color, date and place correctly given above? yes

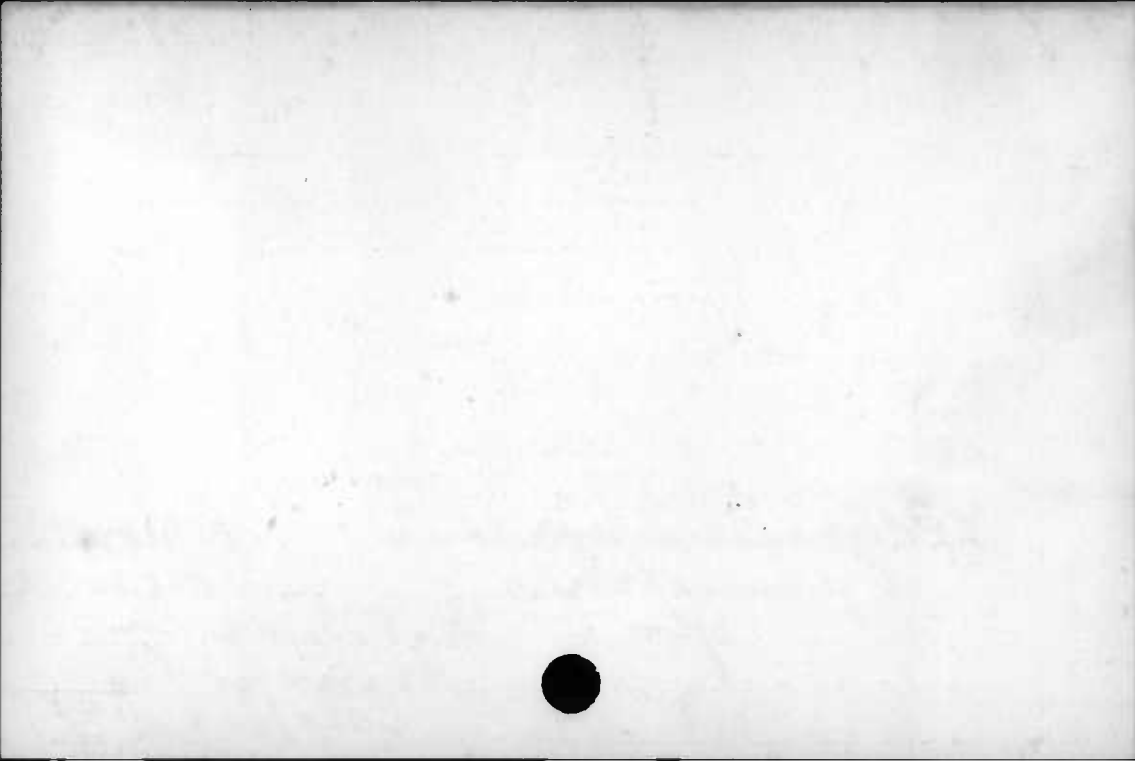
Signature of Physician

Address

J. Pharis Purvis  
Annapolis, Md.

Accident or Suicide? no

PHYSICIAN  
OR CORONER



me  
in  
Full

CERTIFICATE OF DEATH

Jessy Diggs

TO BE ANSWERED BY  
NEAREST FRIEND

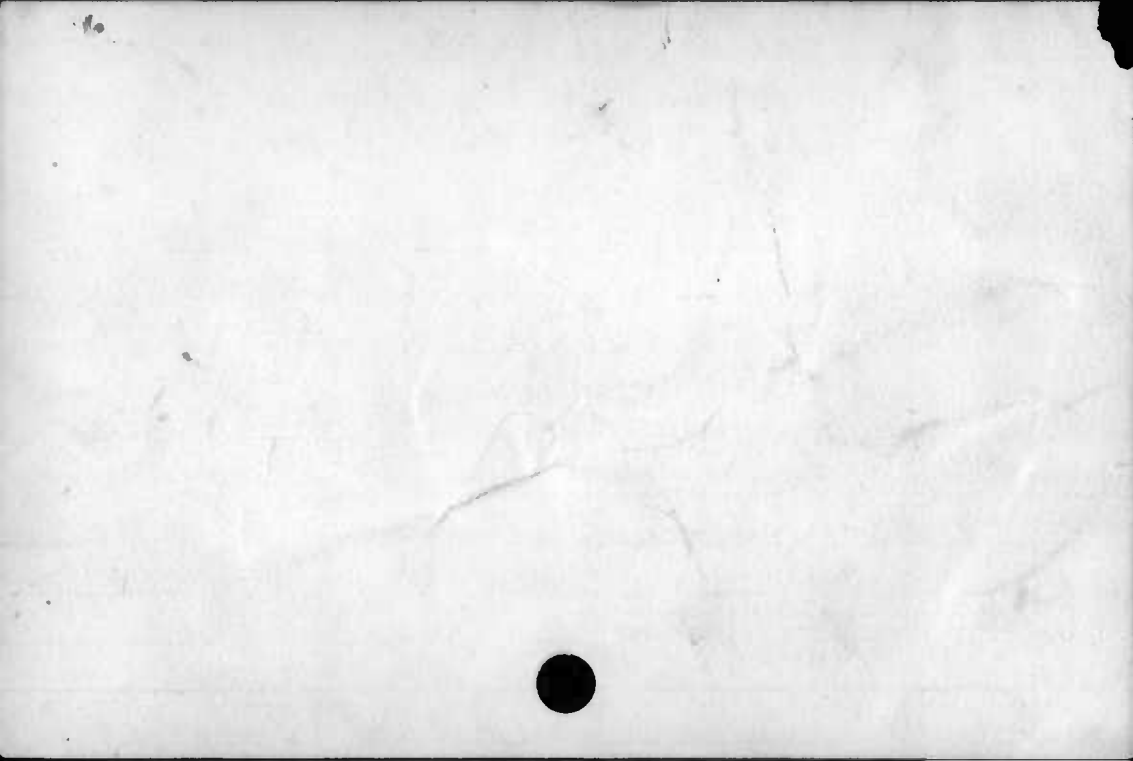
Died at <i>Sage Bottom</i> <sup>Town</sup>		<i>Ar.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>July</i> <sup>Month</sup>	<i>4th</i> <sup>Day</sup>	Age <i>13</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Sage Bottom</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>King W. Diggs</i>	Father's Birthplace <i>Ar. Ar.</i>		Mother's Birthplace <i>" " "</i>		
Mother's Maiden Name <i>Annis Sawyer</i>	Name of person giving information <i>King W. Diggs</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonic-Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. P. Keen</i>
<i>No</i>	Address <i>Annapolis Colothedral St</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

William Galloway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

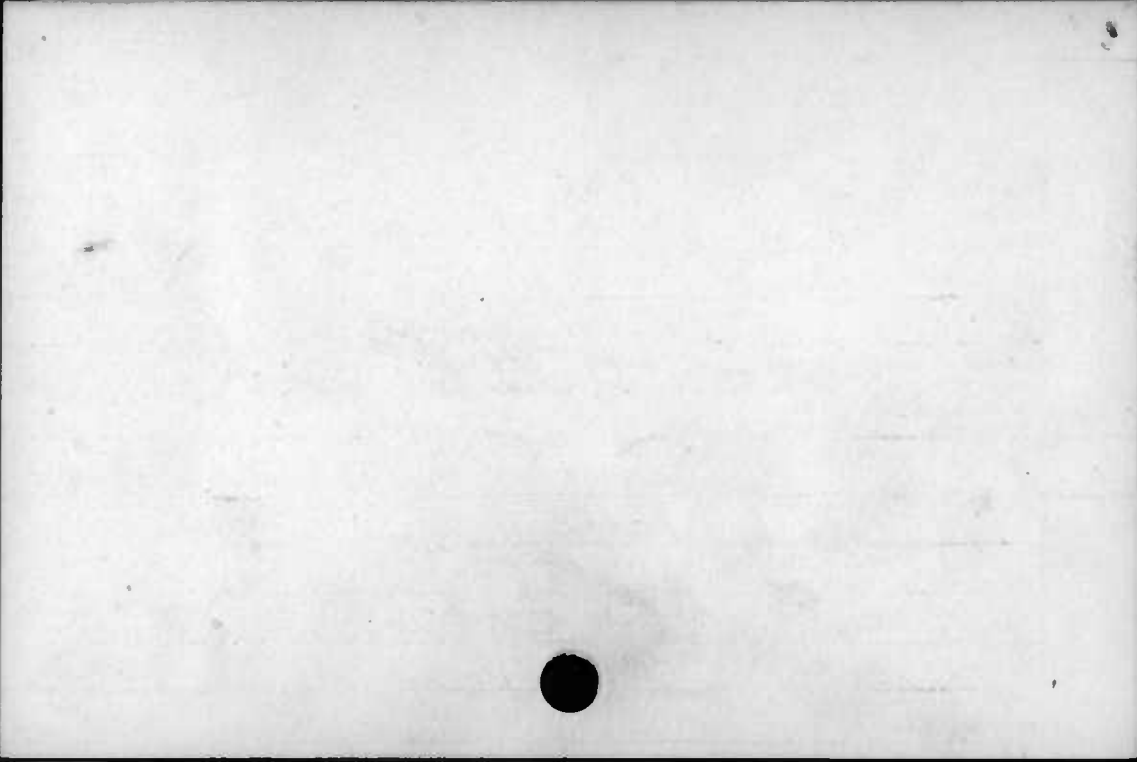
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	18 <sup>th</sup>	One	four		
Sex		Color or Race		Birth-place			
male		col		Annapolis			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed				Name of Wife or Husband			
				None			
Father's Name				Father's Birthplace			
Edward Galloway				Annapolis			
Mother's Maiden Name				Mother's Birthplace			
Melba Kuter							
Name of person giving information				How related to deceased			
Edward Galloway				Father			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Gastro-intestinal catarrh	How long	14 days
Immediate	Convulsions	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J.B. P. Keene	
		Address	
		Annapolis	
		66 Cathedral St	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

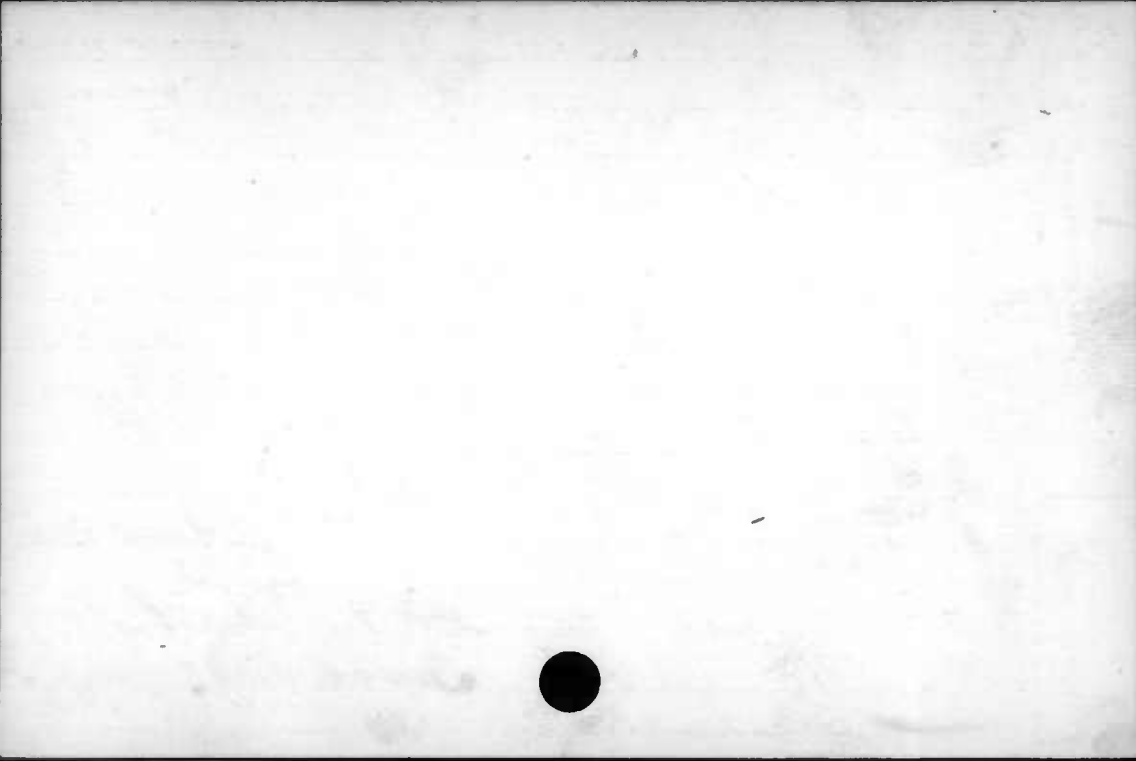
23  
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Katherine Marie Gischel</i>		Town <i>Curtis Bay</i>		County <i>A. A. Co</i>		MARYLAND			
Died at		Month <i>July</i>		Day <i>3</i>		Years <i>4</i>		Days <i>13</i>	
Date of death <i>1908</i>		Age <i>→</i>		Birth- place <i>A. A. Co</i>					
Sex <i>Female</i>		Color or Race <i>White</i>		Occupation <i>None</i>		Where Residing if not at place of death <i>1 Filbert st.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>William G Gischel</i>		Father's Name <i>William G. Gischel</i>		Father's Birthplace <i>A. A. Co</i>			
Mother's Maiden Name <i>Sarah E Bradley</i>		Mother's Birthplace <i>Balto</i>		How related to deceased <i>Father</i>					
Name of person giving Information <i>Wm G Gischel</i>									

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary <i>Enterocolitis</i>	How long <i>3 days</i>
Immediata	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Norton M.D.</i>
	Address <i>30. Balto. Md.</i>





Name in Full		Lanis Gottesman						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis			Anne Arundel			MARYLAND		
	Date of death	1908	Month	July	Day	19	Age	21	Months	Days
	Sex	Male			Color or Race			White		
	Occupation	Fireman			Where Residing if not at place of death			Newark, N. J.		
	Married, Single or Widowed	Single			Name of Wife or Husband			None		
	Father's Name	Abraham Gottesman						Father's Birthplace		Unknown
	Mother's Maiden Name	Unknown						Mother's Birthplace		Unknown
Name of person giving information	Phys. from Nary. rec'd.						How related to deceased		None	
Inter Newark, N. J.		CAUSES OF DEATH				172				
PHYSICIAN OR CORONER	Primary	Drowning						How long		a few min.
	Immediate	Drowning						How long		little
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician		H. S. Nash, M.D.	
	Address						Noose Academy			
Accident or Suicide?		Accident						Address		Annapolis, Md.

7

7



Name in Full <b>Amiel E Green</b>		Town <b>Annapolis md</b>		County <b>as ar co</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis md</b>		Date of death <b>1908</b>		Month <b>July</b>		Day <b>10</b>	
Age <b>—</b>		Years <b>—</b>		Months <b>2</b>		Days <b>—</b>	
Sex <b>female</b>		Color or Race <b>Colored</b>		Birth-place <b>Annapolis md</b>			
Occupation <b>—</b>		Where Residing if not at place of death <b>85 Calvert st</b>					
Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>James Green</b>		Father's Birthplace <b>Annapolis md</b>					
Mother's Maiden Name <b>Sarah Taylor</b>		Mother's Birthplace <b>Annapolis md</b>					
Name of person giving information <b>James Green</b>		How related to deceased <b>father</b>					
		CAUSES OF DEATH		<b>105</b>			
Primary <b>Weather</b>		How long <b>—</b>					
Immediate <b>Infantile Diphtheria</b>		How long <b>one week</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A Garcia M.D.</b>		Address <b>12 Clay st</b>			
Accident or Suicide? <b>—</b>							

Dr. Garcia

Name  
in  
Full

Rachel Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

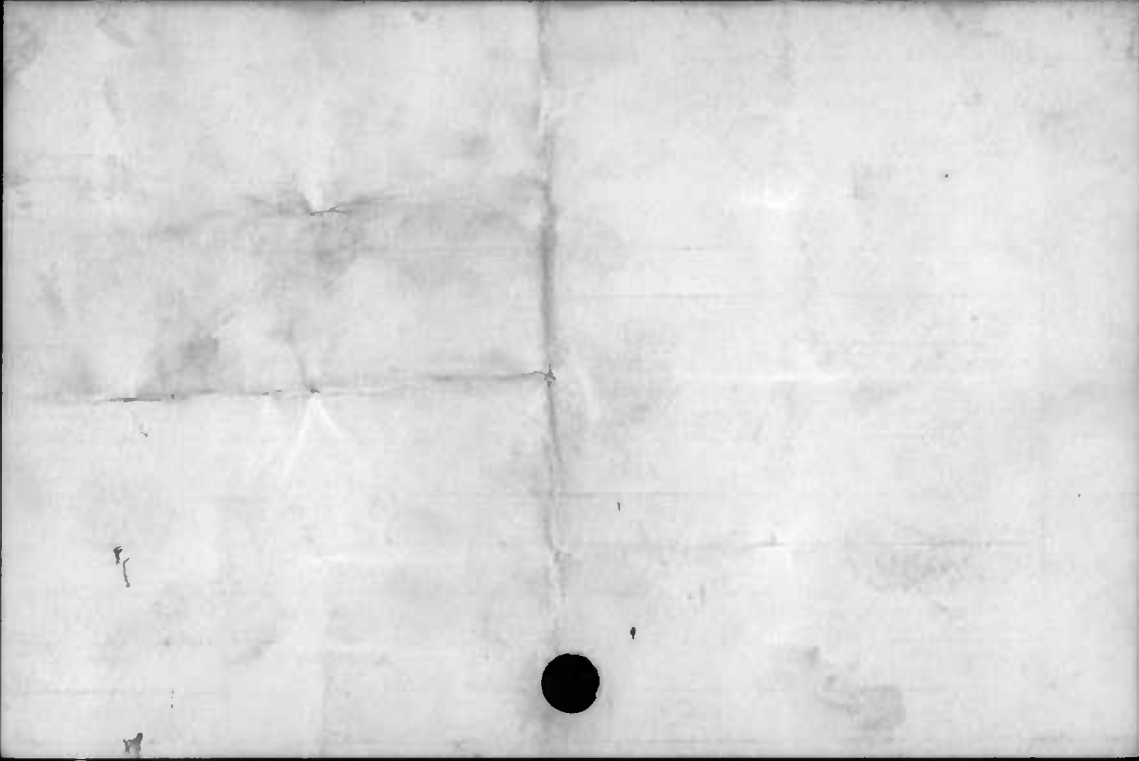
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	10 <sup>th</sup>	Age	85		
Sex	Female	Color or Race	col.	Birth-place	A.A. Co. Md		
Occupation	House-wife			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			John H. Green			
Father's Name	Frank Jennings			Father's Birthplace	A.A. Co. Md		
Mother's Maiden Name	Rachel Jennings			Mother's Birthplace	A.A. Co. Md		
Name of person giving information	Aaron Sylel			How related to deceased	Son		

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	Five days
Immediate	Asthma		How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	John Ridout
			Address	Annapolis Md
Accident or Suicide?				



Name  
in  
Full

Eller Hall -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

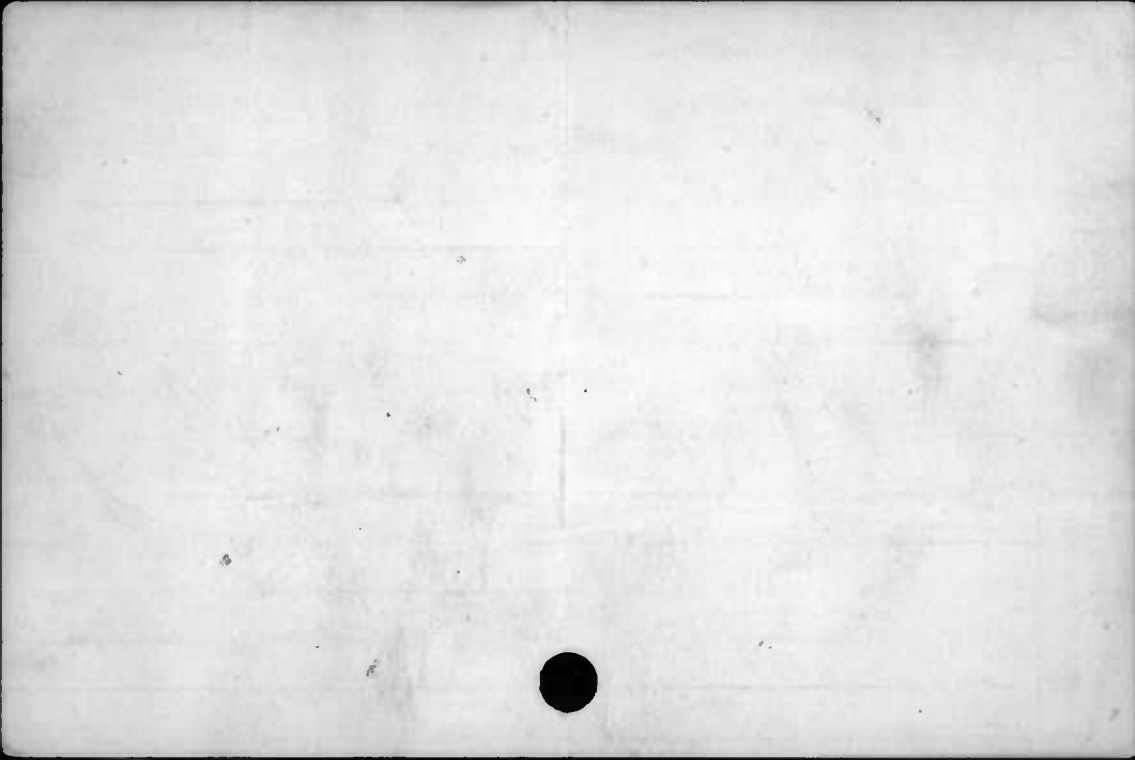
Died at <u>Orman</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1908.	Month	July	Day	12
Age		40		Years	
Sex	female	Color or Race	Afro American	Birth-place	Maryland
Occupation	farmer's wife		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Phumum Hall</u>		
Father's Name	<u>Henry Johnson</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Mary E Hapkins</u>			Mother's Birthplace	" "
Name of person giving information	<u>Phumum Hall.</u>			How related to deceased	<u>Husband.</u>

CAUSES OF DEATH

171

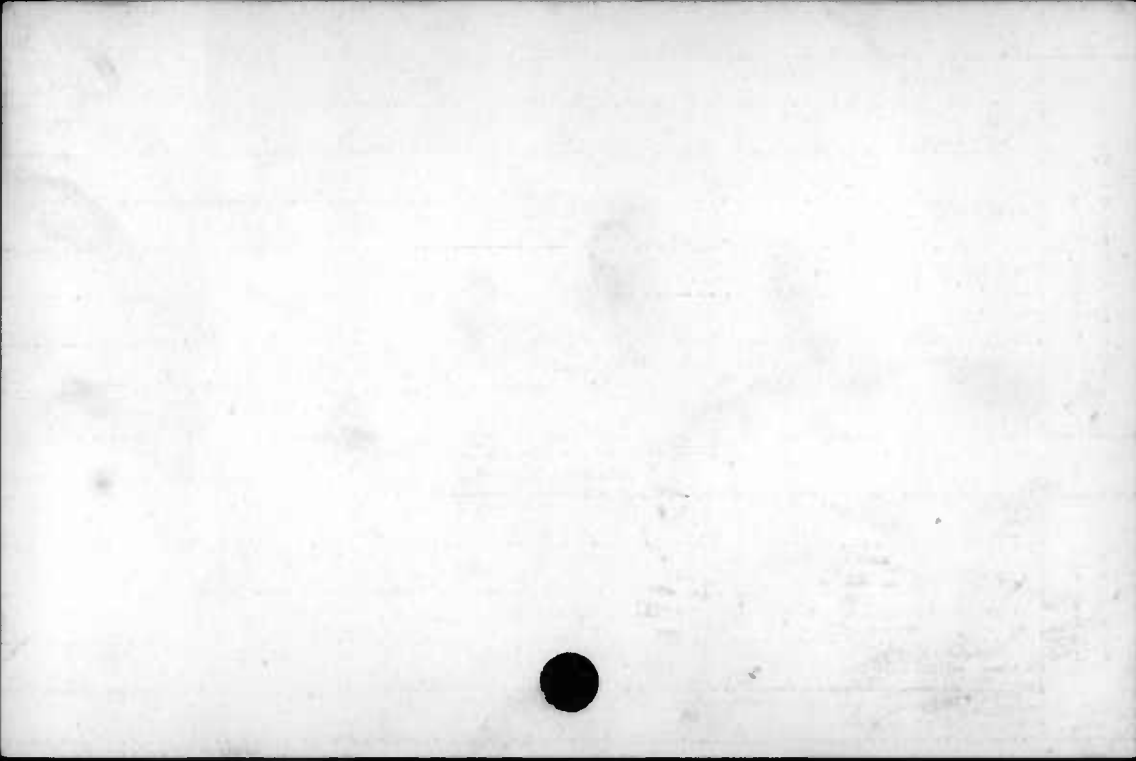
PHYSICIAN  
OR CORONER

Primary			How long
Immediate	<u>Struck by lightning</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. D. Joyce</u>	
Yes.		Address <u>acting as Coroner</u>	
<u>Justin John Hall</u>		<u>Med -</u>	
<u>Miller'sville</u>			
Accident or Suicide?			





Name in Full <b>Emma Stall</b>		Town <b>German town</b>		County <b>a. a. co</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <b>July</b>		Day <b>26</b>		Years <b>14</b>		Months <b>—</b>	
Sex <b>female</b>		Color or Race <b>colored</b>		Birth-place <b>German town</b>		Days <b>—</b>	
Occupation <b>House work</b>		Where Residing if not at place of death <b>German town</b>					
Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Morris Stall</b>		Father's Birthplace <b>a. a. co</b>					
Mother's Maiden Name <b>Rachel Masters</b>		Mother's Birthplace <b>a. a. co</b>					
Name of person giving information <b>George Mackins</b>		How related to deceased <b>brother in law</b>					
		CAUSES OF DEATH				<b>172</b>	
Primary		How long					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
<b>yes</b>		Address <b>Wm. D. K. Lee coroner</b>					
Accident or Suicide?		<b>Accident Drowned</b>					



Name  
in  
Full

James H. Hall

## CERTIFICATE OF DEATH

MARYLAND

Died at 2<sup>nd</sup> dist - Town

a a County

Date  
of death 1908Month  
JulyDay  
11Age  
27

Years

Months

Days

Sex  
MaleColor or  
Race

White

Birth-  
place

Anne Arundel Co. Md.

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Susan P. Hall

Father's  
Name

Geo. T. Hall

Father's  
Birthplace

Prince Geo. Co. Md.

Mother's  
Maiden Name

Fannie M. Candell

Mother's  
Birthplace

a a Co. Md.

Name of person giving  
In formation

Fannie P. Miletyke

How related  
to deceased

Sister

## CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Don't know.

Immediate

Inanition &amp; Exhaustion

How long

Don't know.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

F. H. Thompson M.D.

Address

Church St.

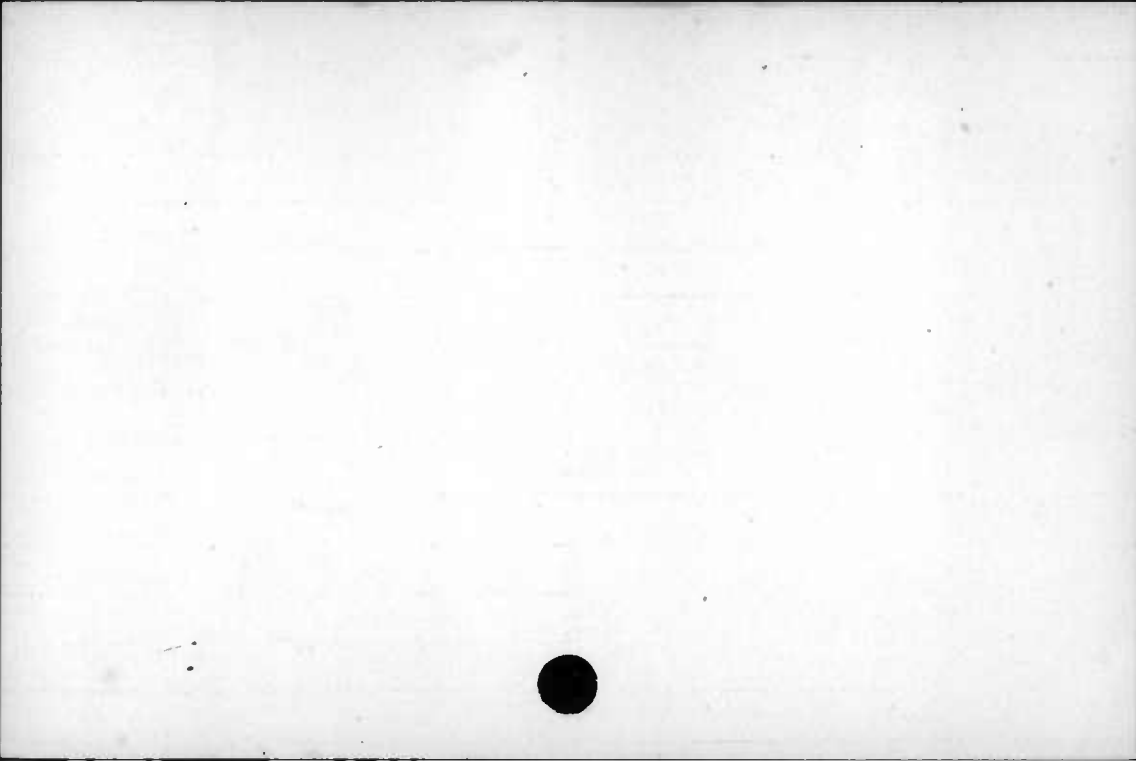
Accident or Suicide?

Annapolis, Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Ohio, E. Hallock		Town		County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Shady Side		A A		MARYLAND						
	Date of death		1908	Month	July	Day	13	Age	Years	Months	1	Days	15
	Sex		Female		Color or Race		White		Birth-place		Ind.		
	Occupation		None		Where Residing if not at place of death								
	Married, Single or Widowed		Single		Name of Wife or Husband								
	Father's Name		John A. Hallock		Father's Birthplace		Ind.						
	Mother's Maiden Name		S. V. Prout		Mother's Birthplace		Ind.						
	Name of person giving information		John A. Hallock		How related to deceased		Father						
CAUSES OF DEATH										105			
PHYSICIAN OR CORONER	Primary		Cholera Infantum		How long		6 hours						
	Immediate		Cholera Infantum		How long		6 hours						
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. T. Stent						
					Address		Churckton						
Accident or Suicide?		-											



Name  
in  
Full

Anzenette B Hallidayoke

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> East Port<sup>County</sup> a a Co

MARYLAND

Date of death 1908 July

Day 24

Age Years -

Months 2

Days 19

Sex Female

Color or Race

White

Birth-place

East Port

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Will D Hallidayoke

Father's Birthplace

Annapolis

Mother's Maiden Name

Barrow Shippley

Mother's Birthplace

..

Name of person giving information

Barrow Hallidayoke

How related to deceased

Mother

## CAUSES OF DEATH

151

Primary

Marasmus

How long

Two Weeks

Immediate

Asphyxia

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

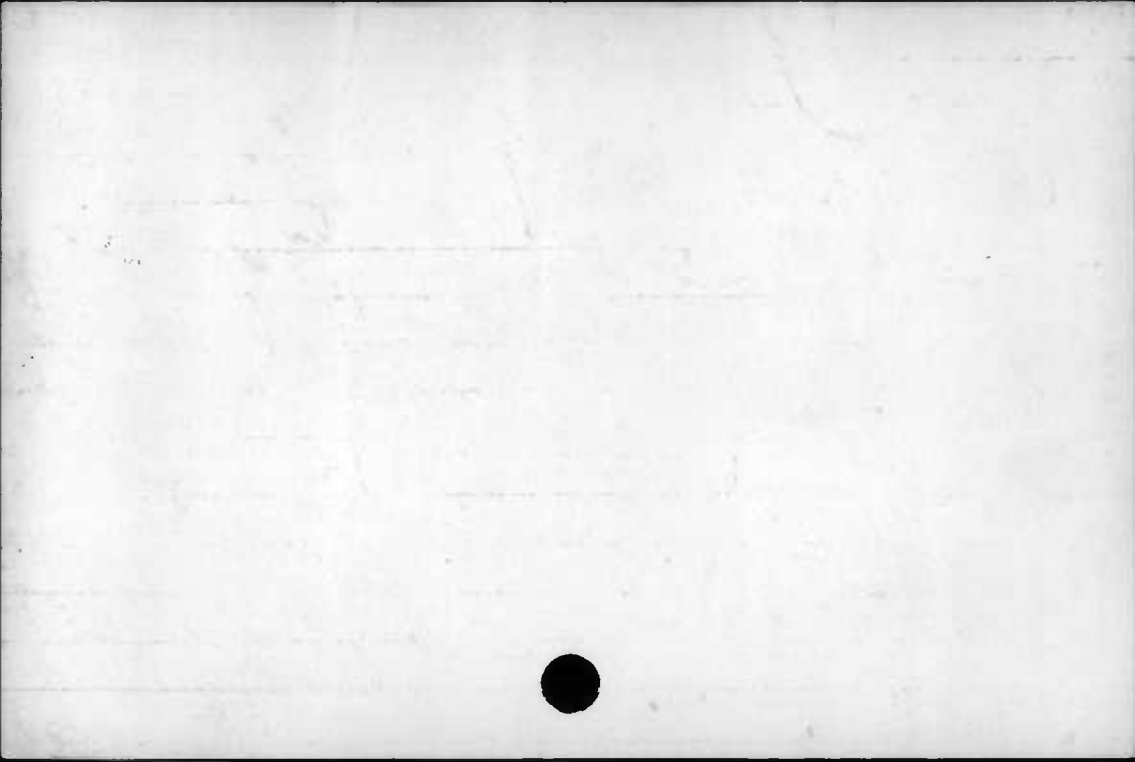
Geo. A. Webb

Annapolis

Accident or Suicide?

yes no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Ernst W. Hardar

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

35

Died at *So. Balti* <sup>Town</sup> *A* <sup>County</sup> *A* **MARYLAND**

Date of death *1908* <sup>Month</sup> *July* <sup>Day</sup> *18* <sup>Age</sup> *—* <sup>Years</sup> *3* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *white* Birth-place *W. d*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Fred Hardar* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Schmauer* Mother's Birthplace *" "*

Name of person giving information *Mary Hardar* How related to deceased *Mother*

## CAUSES OF DEATH

105

Primary *Cholera infantum* <sup>How long</sup> *1 week*

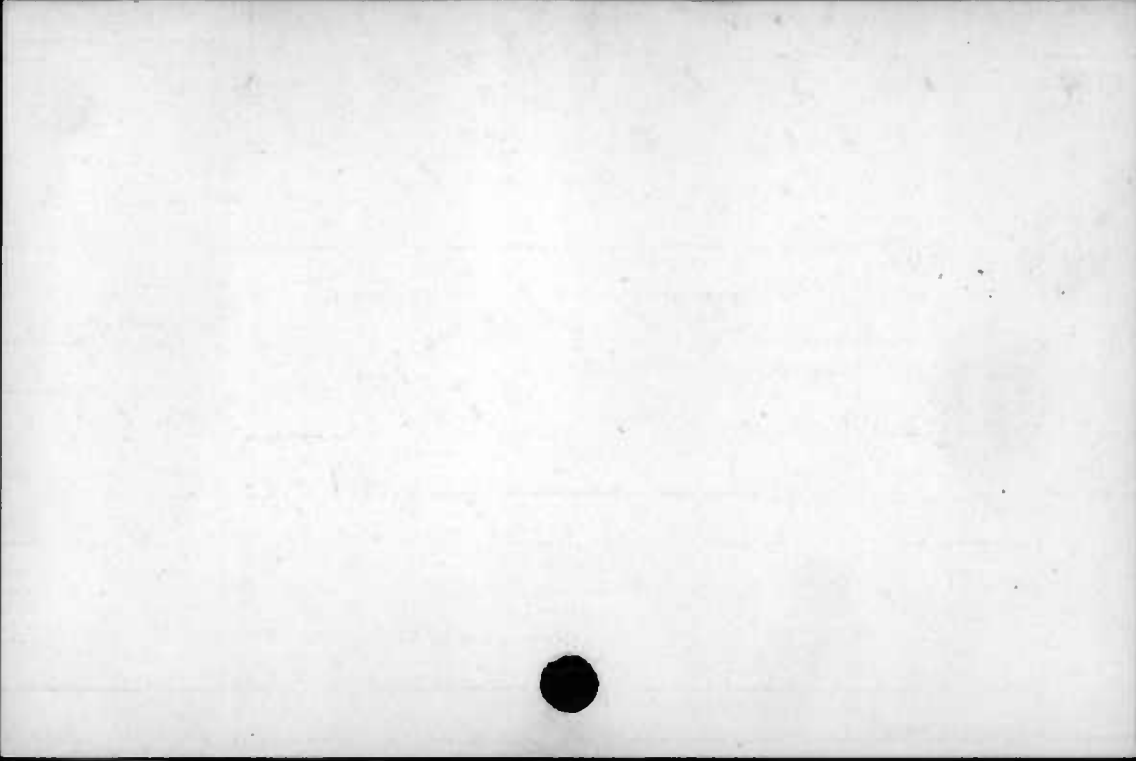
Immediate *—* <sup>How long</sup> *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Thos B. Norton* <sup>Address</sup> *So. Balt., Md.*

*—* <sup>Residence outside?</sup> *—*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

John Harrington Jr

Died at <sup>Town</sup> Stone House Cove <sup>County</sup> Anne Arundel Co MARYLANDDate of death 1908 <sup>Month</sup> July <sup>Day</sup> 12 <sup>Years</sup> 40 <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Baltimore MdOccupation Clerk <sup>Where Residing if not at place of death</sup> 414 C Monument StMarried, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name John Harrington <sup>Father's Birthplace</sup> IrelandMother's Maiden Name Unknown <sup>Mother's Birthplace</sup> "Name of person giving information James C King <sup>How related to deceased</sup> Friend

## CAUSES OF DEATH

172

Primary <sup>How long</sup>Immediate Accidental Drowned <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John C Hotte Coroner

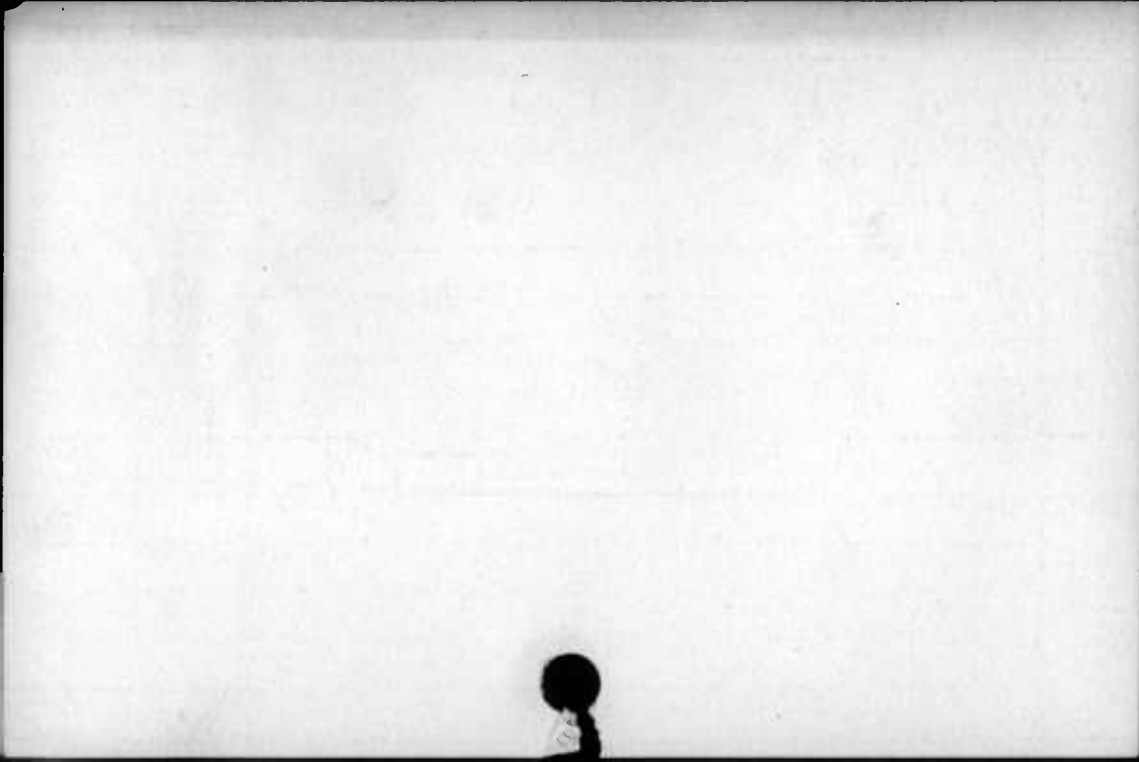
Address

Brooklyn A &amp; C Md

Accident or Suicide?

Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>William Harney</b>		CERTIFICATE OF DEATH	
Died at <b>Annapolis</b> <sup>Town</sup>		<b>a-a-</b> <sup>County</sup>	
Date of death <b>1908</b> <sup>Month</sup> <b>July</b> <sup>Day</sup> <b>10.</b>		Age <b>—</b> <sup>Years</sup> <b>2.</b> <sup>Months</sup> <b>8.</b> <sup>Days</sup>	
Sex <b>Male.</b>		Color or Race <b>Colord</b>	Birth-place <b>Annapolis</b>
Occupation <b>unknown</b>		Where Residing if not at place of death <b>172. Chestnut. St.</b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>unknown</b>	
Father's Name <b>Thomas Harner</b>		Father's Birthplace <b>St. Marks <sup>not</sup> <del>not</del></b>	
Mother's Maiden Name <b>Rosa Hunt</b>		Mother's Birthplace <b>St. Marks <sup>not</sup> <del>not</del></b>	
Name of person giving information <b>Rosa Hunt</b>		How related to deceased <b>Mother</b>	
CAUSES OF DEATH			
Primary <b>Marasmus</b>		<b>151</b>	
Immediate <b>Exhaustion</b>		<b>Since Birth</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>John Ridout, M.D.</b>	
<b>yes.</b>		Address <b>Annapolis Md</b>	
Accident or Suicide?			

J. H. Mathews - for  
Drum & Brown.

St. Margarets

Name  
in  
Full

John Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Severn</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1908	Month	July	Day	24 <sup>th</sup>
Age	64	Years	about	Months	
Sex	Male	Color or Race	Colored	Birth-place	Ans Co Md
Occupation	Farm hand		Where Residing if not at place of death at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Hawkins		
Father's Name	Noah Hawkins			Father's Birthplace	Ans Co Md
Mother's Maiden Name	Pocella Pea			Mother's Birthplace	Howard Co Md
Name of person giving information	R B Mayfield			How related to deceased	none

Shut from high east window  
and was run over by same

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	Accidental death	How long	2 hours
Immediate	Internal Hemorrhage	How long	half hour
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Thos H Brayshaw		
Address	Eden Bunn		
Accident or Suicide?	Accident		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Peter Hebron

Town

County

Died at Annapolis md

A. A. Co

MARYLAND

Date  
of death 1908

Month

Day

Age

Years

Months

Days

July

3

8

8

21

Sex male

Color or  
Race

Colored

Birth-  
place

Annapolis md

Occupation

Where Residing if not  
at place of death

72 Pleasant St

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Samuel Hebron

Father's  
Birthplace

Bevern md

Mother's  
Maiden Name

Martha Johnson

Mother's  
Birthplace

West River md

Name of person giving  
In formation

Martha Hebron

How related  
to deceased

mother

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Gastro-intestinal Catarrh

How long

5 Days

Immediate

Convolutions

How long

3 Hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

P. P. Keiser

Address

60 Cathedral St  
Annapolis md

Accident or Suicide?

NO

Mr. Keller

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

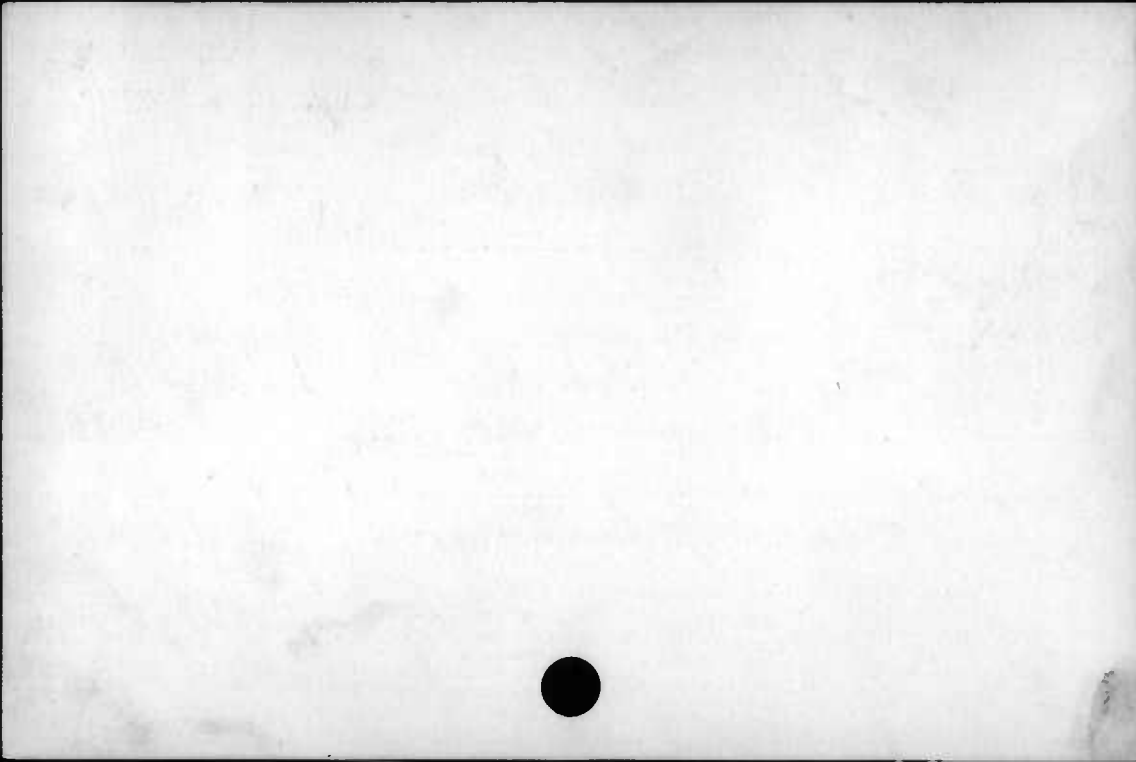
Name in Full <i>Mari Stepany</i>		Town <i>Missouri</i>		County <i>A.A.</i>		MAYLAND	
Died at <i>Missouri</i>		Date of death <i>1908 July 2</i>		Age <i>—</i>		Months <i>7</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>A.A.-Co</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Bey. Stepany</i>		Father's Birthplace <i>A.A.-Co-</i>					
Mother's Maiden Name <i>Mary C. Johnson</i>		Mother's Birthplace <i>A.A.-Co</i>					
Name of person giving information <i>Bey. C. Stepany</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Infantile Colic</i>	How long <i>2 Wks.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Hawth</i>
	Address <i>Missouri</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Alonzo Herring

Died at <sup>Town</sup> Fairfield

County a. a.

MARYLAND

Date of death 1908 <sup>Month</sup> July <sup>Day</sup> 26 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> 3 <sup>Days</sup> 14Sex Male <sup>Color or Race</sup> Black <sup>Birth-place</sup> Fairfield, MdOccupation — <sup>Where Residing if not at place of death</sup> —Married, Single or ~~Married~~

Name of Wife or Husband —

Father's Name Joe Edinburg

Father's Birthplace N. C. —

Mother's Maiden Name Ella Herring

Mother's Birthplace Md

Name of person giving information Ella Herring

How related to deceased mother

## CAUSES OF DEATH

105

Primary Cholera Infantum <sup>How long</sup> one week

Immediate

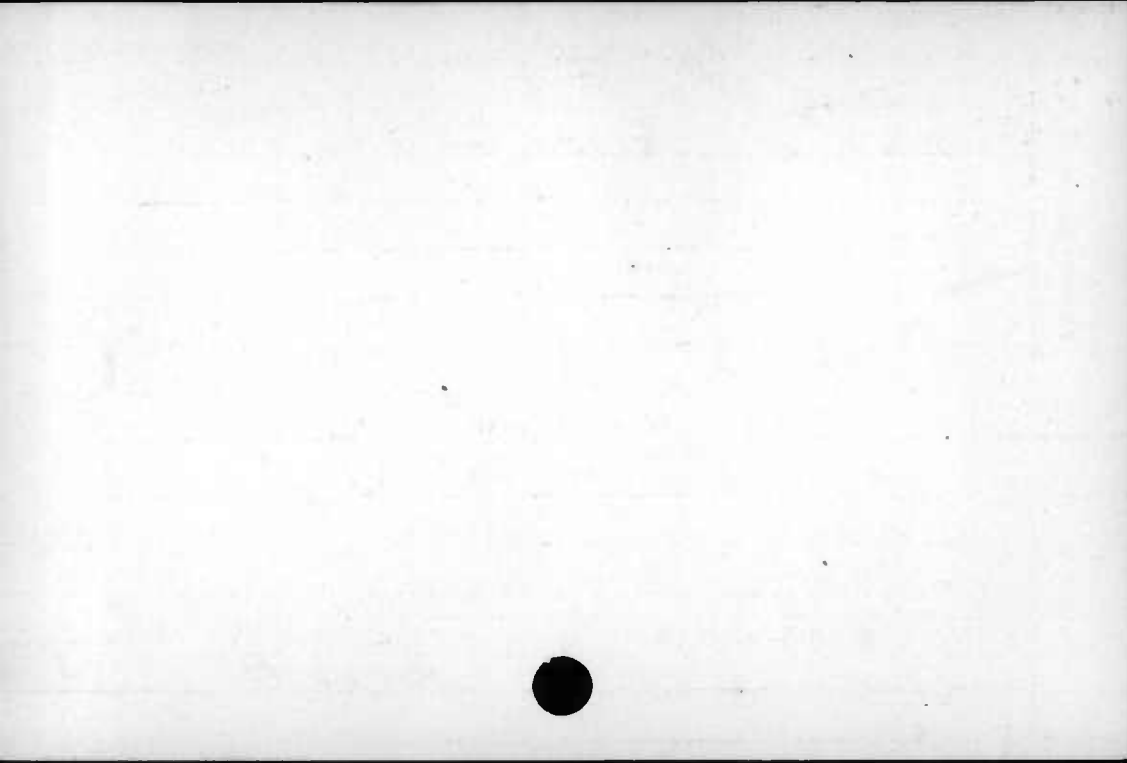
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Thos. B. Horton Md.  
So. Balto, Md

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

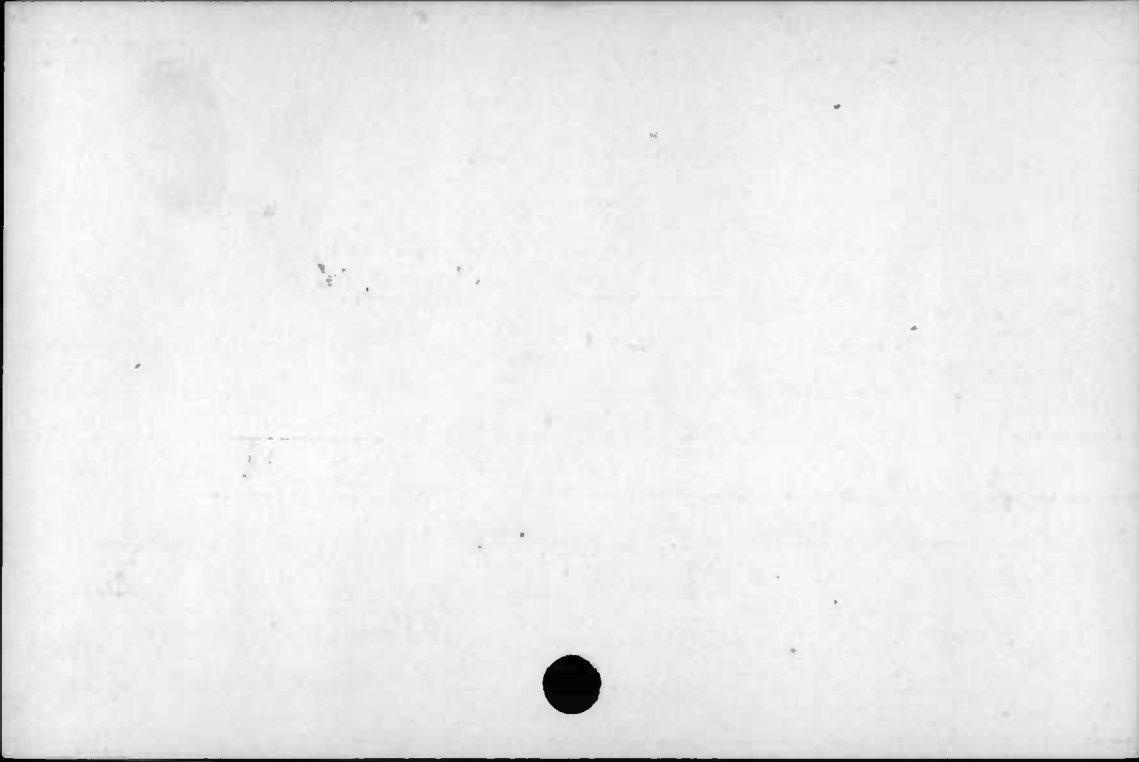
Name In Full <i>Marion L. Hill</i>		Town <i>Annapolis</i>		County <i>A.A. Co</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>July</i>		Day <i>1</i>		Age <i>48</i>	
Date of death <i>1908</i>		Years <i>48</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Unknown</i>			
Occupation <i>Fireman</i>		Where Residing If not at place of death <i>6 Carroll Ave.</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving In formation <i>Record of Insurance</i>		How related to deceased <i>—</i>					

## CAUSES OF DEATH

64

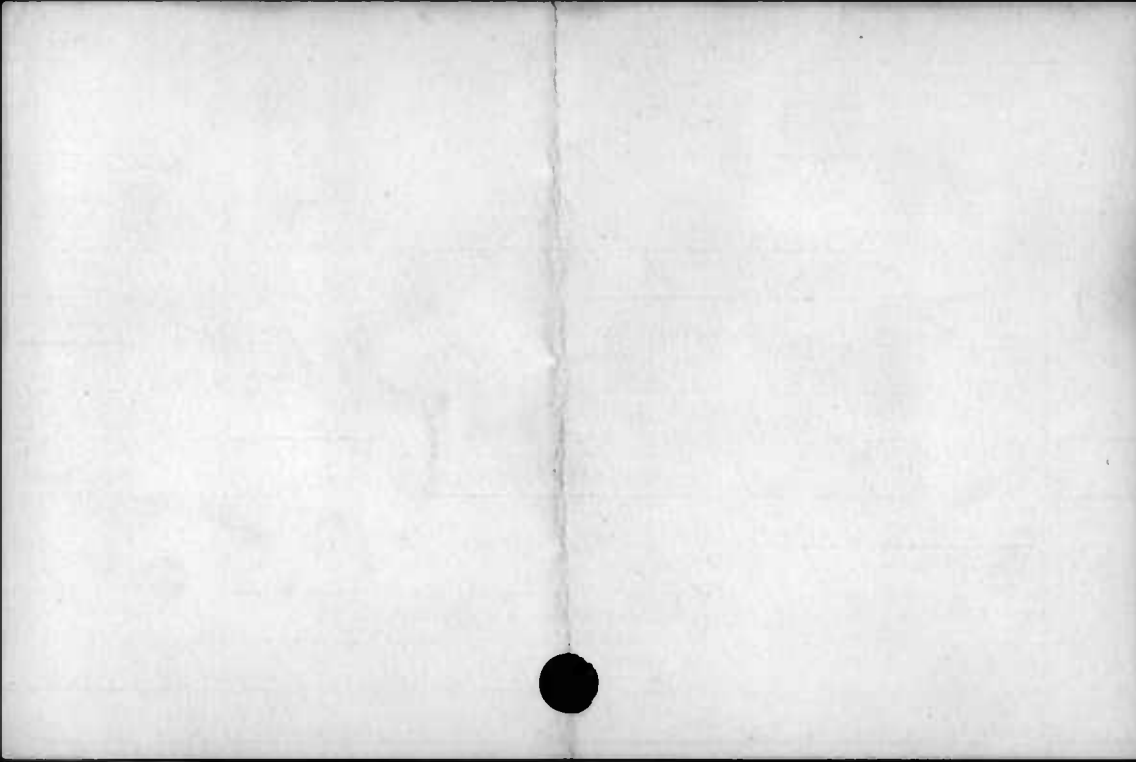
PHYSICIAN  
OR CORONER

Primary <i>Cerebral Congestion</i>	How long <i>about 48 hrs</i>
Immediate <i>Apoplexy</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Presumably</i>	Signature of Physician <i>Wm S. Welch, Health Officer</i>
Address <i>Annapolis</i>	<i>md</i>
Accident or Suicide? <i>—</i>	





Name in Full		Margaret B. Hubbard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
		Date of death <i>1908 July 15</i>		Age <i>43</i>		Months <i>11</i> Days <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>	
		Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Everett Hubbard</i>			
		Father's Name <i>John Thomson</i>		Father's Birthplace <i>Annapolis Md</i>			
		Mother's Maiden Name <i>Elizabeth O-Berry</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Carrie B. Hubbard</i>		How related to deceased <i>Daughter</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">118</div>							
PHYSICIAN OR CORONER		Primary <i>Appendicitis (Abscess)</i>		How long <i>4 weeks</i>			
		Immediate <i>Peritonitis</i>		How long <i>3 or 4 hrs</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>W</i>		Signature of Physician <i>John Parnis</i>			
		Accident or Suicide? <i>W</i>		Address <i>Annapolis Md</i>			



Name  
in  
Full

Edith E. Isaacs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

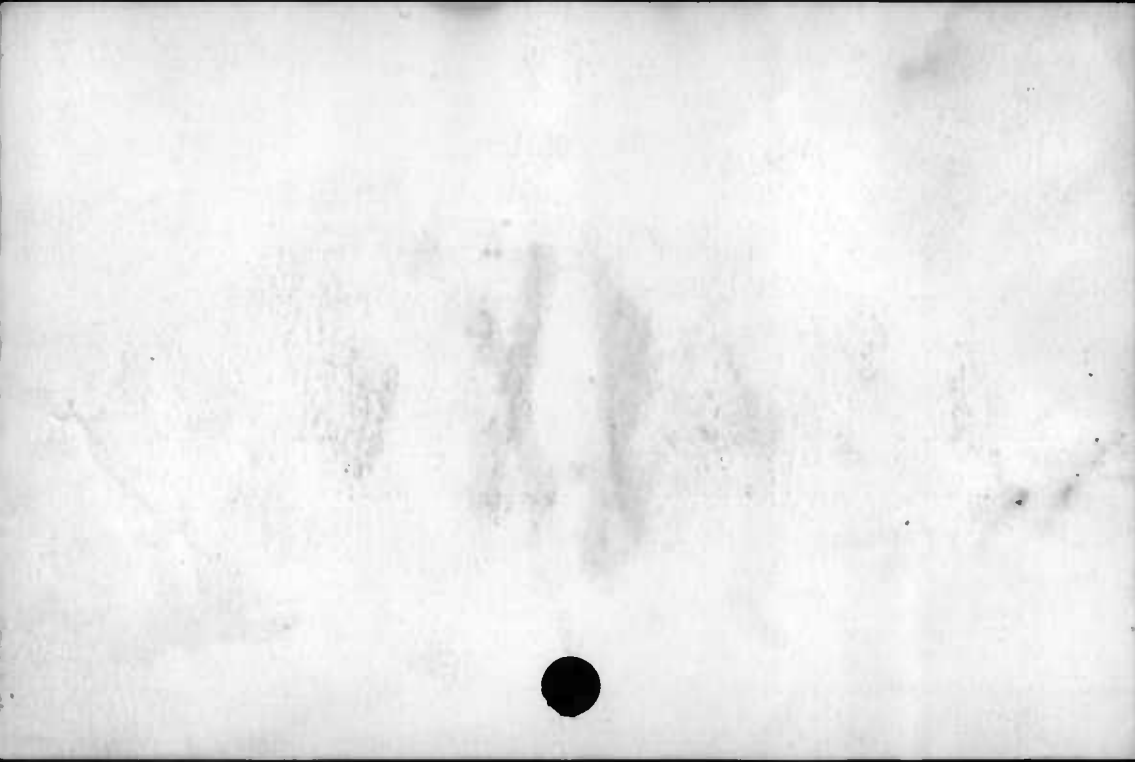
Died at <i>Millersville</i>		County <i>A. A.</i>		MARYLAND			
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Millersville</i>
Occupation	<i>None</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Walter Isaacs</i>					Father's Birthplace	<i>A. A. Comp</i>
Mother's Maiden Name	<i>Ida E. Green</i>					Mother's Birthplace	<i>" N. "</i>
Name of person giving information	<i>Walter Isaacs</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enteric Colitis</i>	How long	<i>8 days</i>
Immediate	<i>—</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. B. Gant</i>
		Address	<i>Millersville</i>
Accident or Suicide?			



Name in Full		Timothy Louis Jackson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Towa Annapolis		County A.A.		MARYLAND	
	Date of death	1908	Month July	Day 3	Age 26	Months	Days
	Sex	Male		Color or Race	Colored		
	Occupation	Labor		Birth-place	A.A. Co. 2nd District		
	Where Residing if not at place of death		10. Block St =				
	Married, Single or Widowed	Single		Name of Wife or Husband	unknown		
PHYSICIAN OR CORONER	Father's Name	Robert Jackson			Father's Birthplace	A.A. Co. 2nd District	
	Mother's Maiden Name	Martha Smith			Mother's Birthplace	A.A. Co. 2nd District	
	Name of person giving information	William Smith			How related to deceased	Grandfather	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Tuberculosis			How long	4 months	
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	Walter A. Hopkinson M.D.	
	Address				Annapolis Md.		
Accident or Suicide?							

J H Dennis  
J H Matthews assist.

Lydia

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

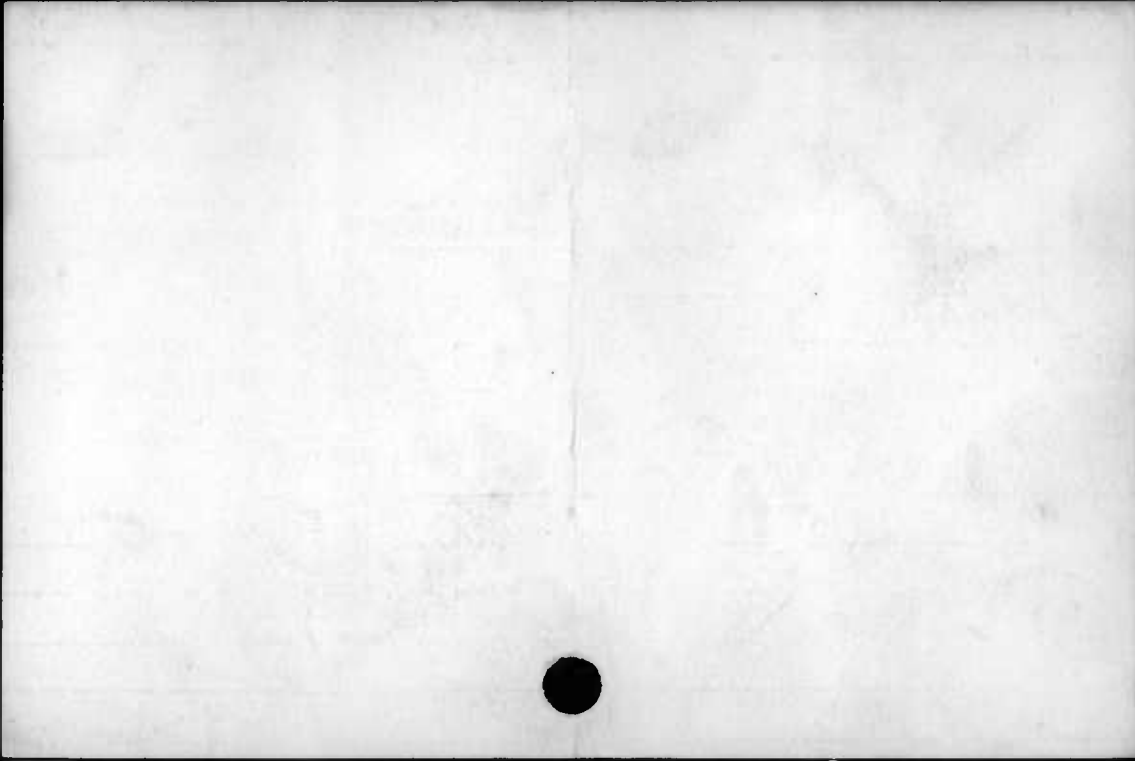
Died at <i>German town</i> <sup>Town</sup>		<i>a. d.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908 July</i> <sup>Month</sup>		<i>8</i> <sup>Day</sup>		<i>4</i> <sup>Months</sup>	
Age <i>—</i> <sup>Years</sup>		<i>7</i> <sup>Days</sup>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>German town</i>	
Occupation <i>unknown</i>		Where Residing if not at place of death <i>German town</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>Albert Johnson</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Hattie Smith</i>		Mother's Birthplace <i>West River</i>			
Name of person giving information <i>Columbus Randle</i>		How related to deceased <i>Foster father</i>			

*Brewerhill*

## CAUSES OF DEATH

**105**PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteritis</i>	<i>3 or 4 days</i>
Immediate	<i>Exhaustion</i>	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John Ridout</i>
		Address <i>Annapolis Md</i>
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *St. Margaret's* Town *H. D. St.* County *St.*

Date

of death

1908

Month

July

Day

20

Age

Years

65

Months

Days

Sex

*Male*Color or  
Race*Colored*Birth-  
place*Virginia*

Occupation

*Laborer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Mary Henson*Father's  
Name*Not known*Father's  
Birthplace*Not known*Mother's  
Maiden Name*Not known*Mother's  
Birthplace*Not known*Name of person giving  
In formation*Edmund Gilbert*How related  
to deceased*Neighbor*

## CAUSES OF DEATH

62

PHYSICIAN  
OR CORONER

Primary

*Leucoderma Altonia*

How long

*8 months*

Immediate

*Common*

How long

*3 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*J. D. Redman**Chenopalis Md.  
R. F. D. No. 1*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

Geo H Joyce

Town

County

MARYLAND

Died at Shady Side

Date

Month

Day

Age

Years

Months

Days

of death 1908 July

27

68

Sex

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
information

How related  
to deceased

CAUSES OF DEATH

80

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

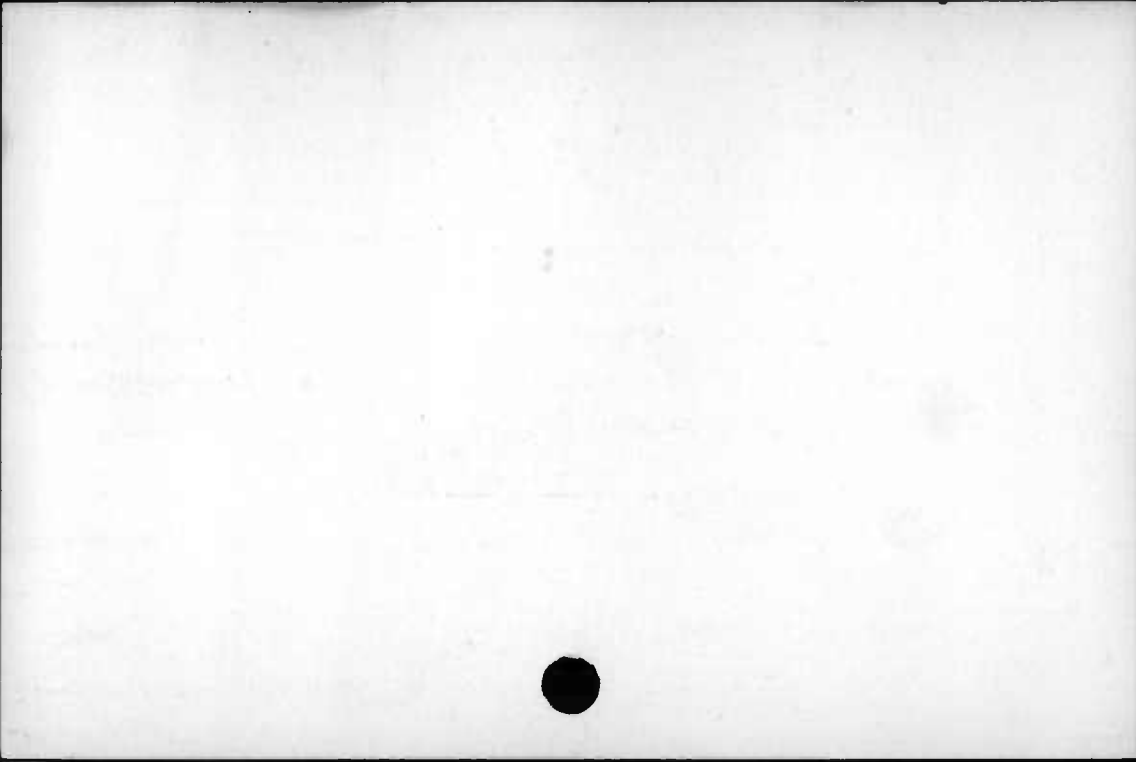
PHYSICIAN  
OR CORONER

Neuralgia of Heart

Neuralgia of Heart

Yes

Geo. T. Deuk  
Churchton



Name  
in  
Full

Lillian Virginia Jurney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

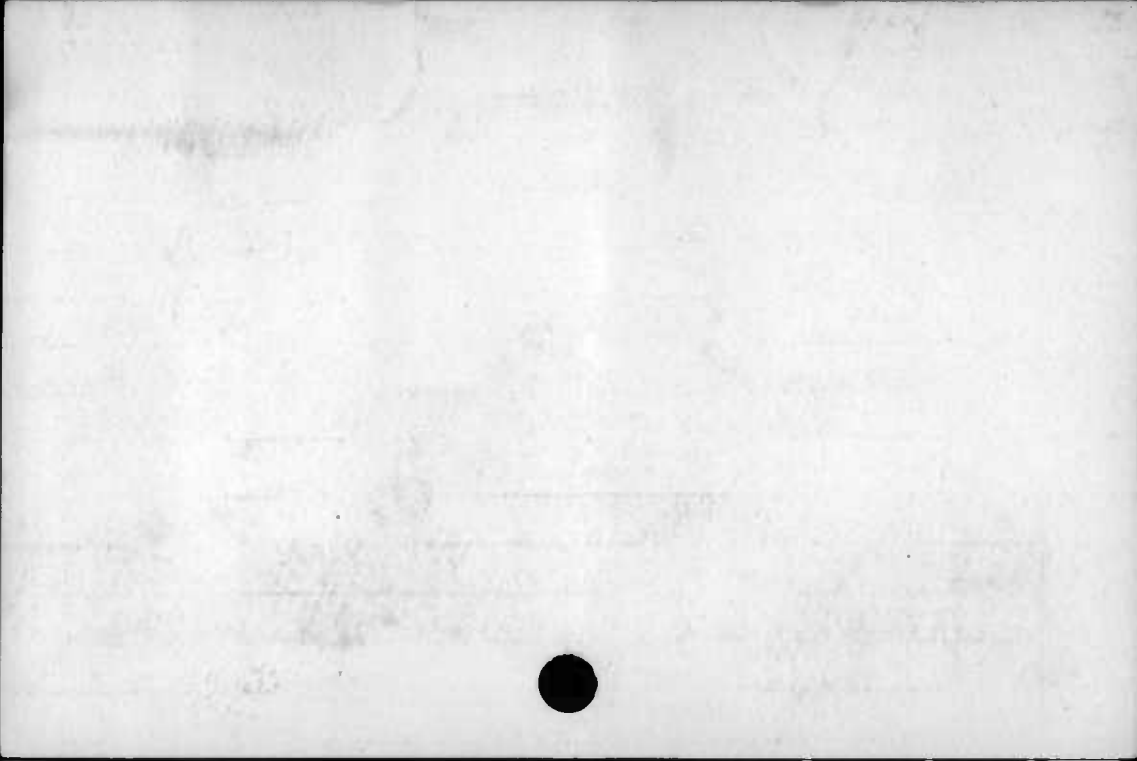
Died at <u>Harmans</u> <sup>Town</sup>		<u>A. A. Co</u> <sup>County</sup>		MARYLAND	
Date of death <u>190</u> <sup>Month</sup> <u>7</u> <sup>Day</sup> <u>26</u>		Age <u>—</u> <sup>Years</sup>		Months <u>—</u> Days <u>16</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Harmans Md.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Alexander Jurney</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Laura V Turner</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Alex Jurney</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <u>Insanition</u>		How long <u>16 days</u>	
Immediate <u>—</u>		How long <u>—</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. A. Hammond</u>	
Accident or Suicide? <u>No</u>		Address <u>Jessup Md.</u>	



Name  
in  
Full

William Russell Jett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Lake Shore* Town *Anne Arundel* County *MARYLAND*

Date of death *1908* Month *July* Day *29* Age *3* Years *6* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George C. Jett* Father's Birthplace *A. A. Co.*

Mother's Maiden Name *Marguerite L. Heath* Mother's Birthplace *A. A. Co.*

Name of person giving information *Mrs. Geo. C. Jett* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *17 days*

Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

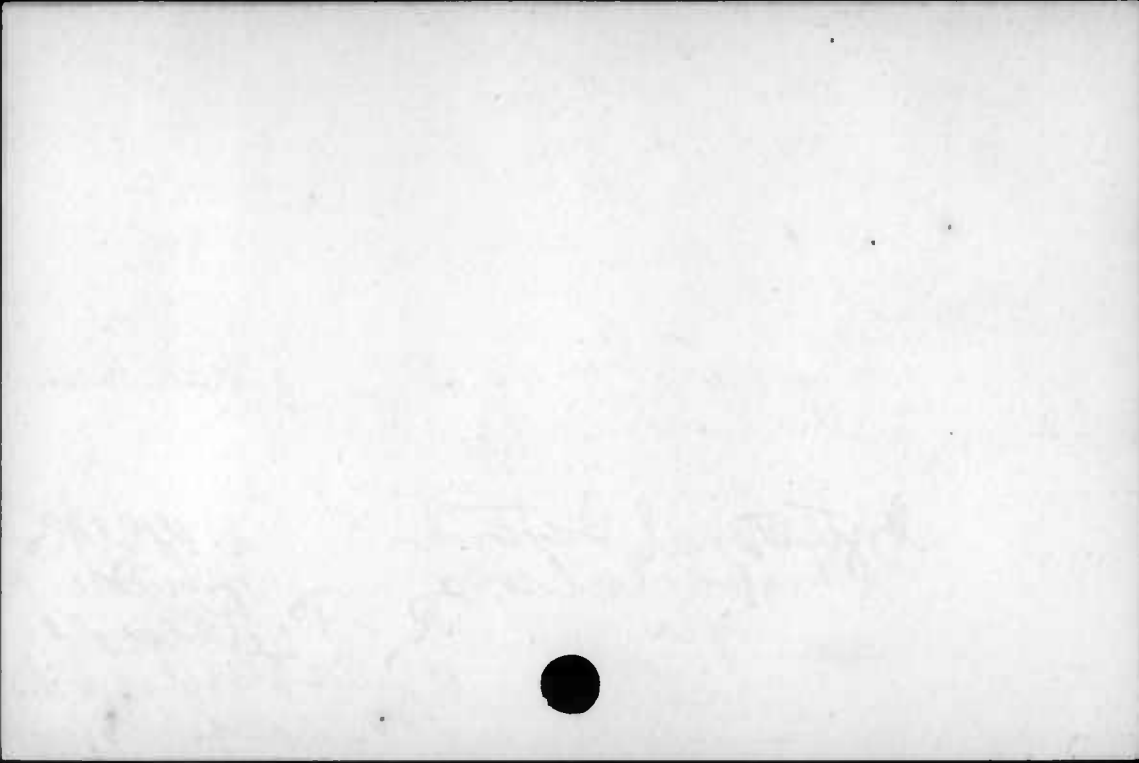
Address

*James S. Bellinger MD*

*Primer*

*Ma*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Henry Lane

Town

County

Died at

Annapolis

A-A-A

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 July

14

Age

1

11

Sex

male

Color or  
Race

Caucasian

Birth-  
place

Annapolis

Occupation

Unknown

Where Residing if not  
at place of death

Acton St

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Unknown

Father's  
Name

William Lane

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Alberta Jones

Mother's  
Birthplace

A.A.C. Md

Name of person giving  
Information

William Lane

How related  
to deceased

Father

## CAUSES OF DEATH

105

Primary

Intestinal Catarrh

How long

2 weeks

Immediate

Cholecystitis

How long

4 to 5 days

Are the name, age, sex, color, date  
and place correctly given above?

ylo

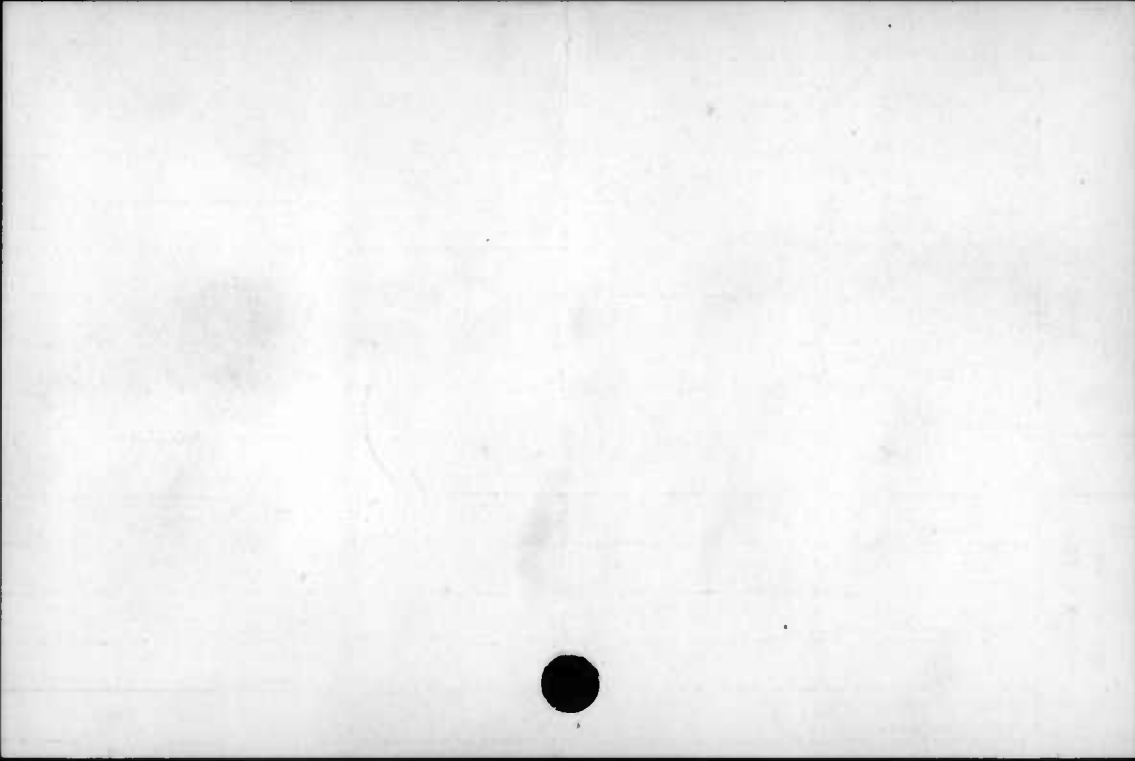
Signature of  
Physician

Address

R. D. Steed  
60 Cathedral St  
Annapolis Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Albert Leroy Leach

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

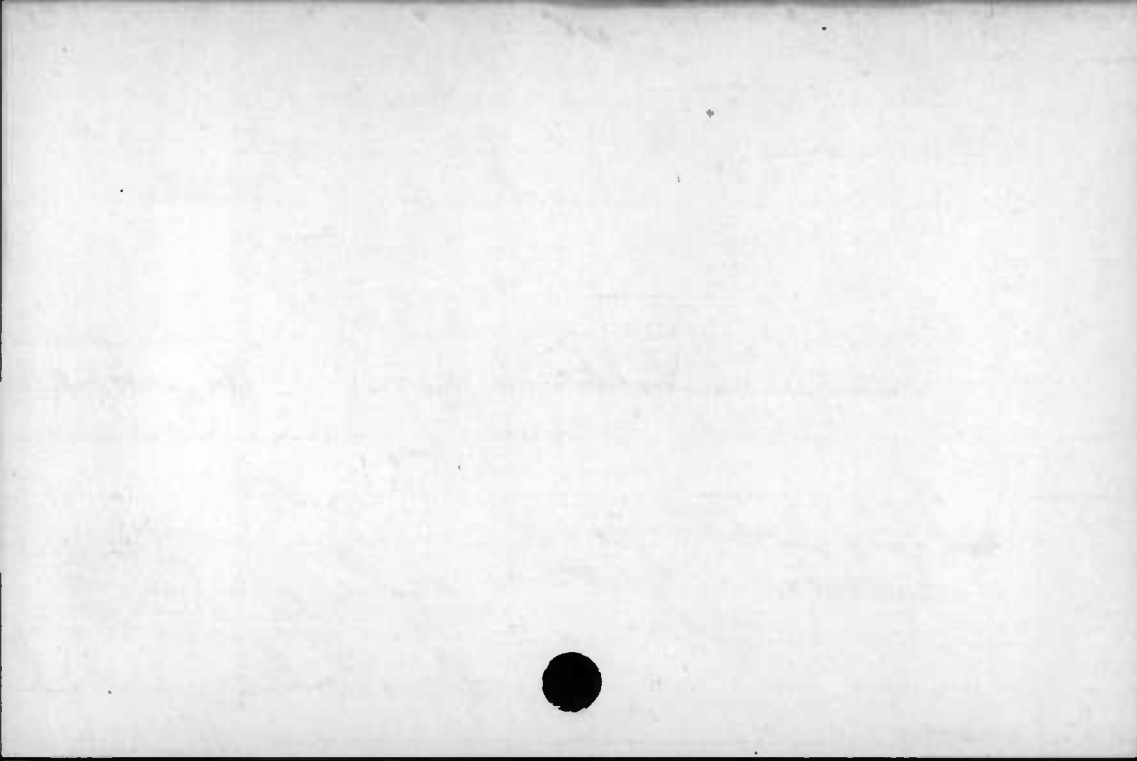
Died at <i>South River</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>July</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>0</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles Leach</i>		Father's Birthplace <i>Anne Arundel Co.</i>			
Mother's Maiden Name <i>Lidie Childs</i>		Mother's Birthplace <i>Anne Arundel Co.</i>			
Name of person giving information <i>Charles Leach</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Gastro-enteritis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Collinson</i>
	Address <i>South River</i>
Accident or Suicide?	<i>Med.</i>



Name  
in  
Full

Charlie Ledvina Jr

CERTIFICATE OF DEATH

33

TO BE ANSWERED BY  
NEAREST FRIEND

Died at So. Balto <sup>Town</sup> AA <sup>County</sup> AA <sup>MARYLAND</sup>  
Date of death 1908 <sup>Month</sup> July <sup>Day</sup> 16 <sup>Age</sup> 1 <sup>Years</sup> 5 <sup>Months</sup> — <sup>Days</sup>  
Sex male Color-or Race white Birth-place So. Balto, Europe  
Occupation — Where Residing if not at place of death —

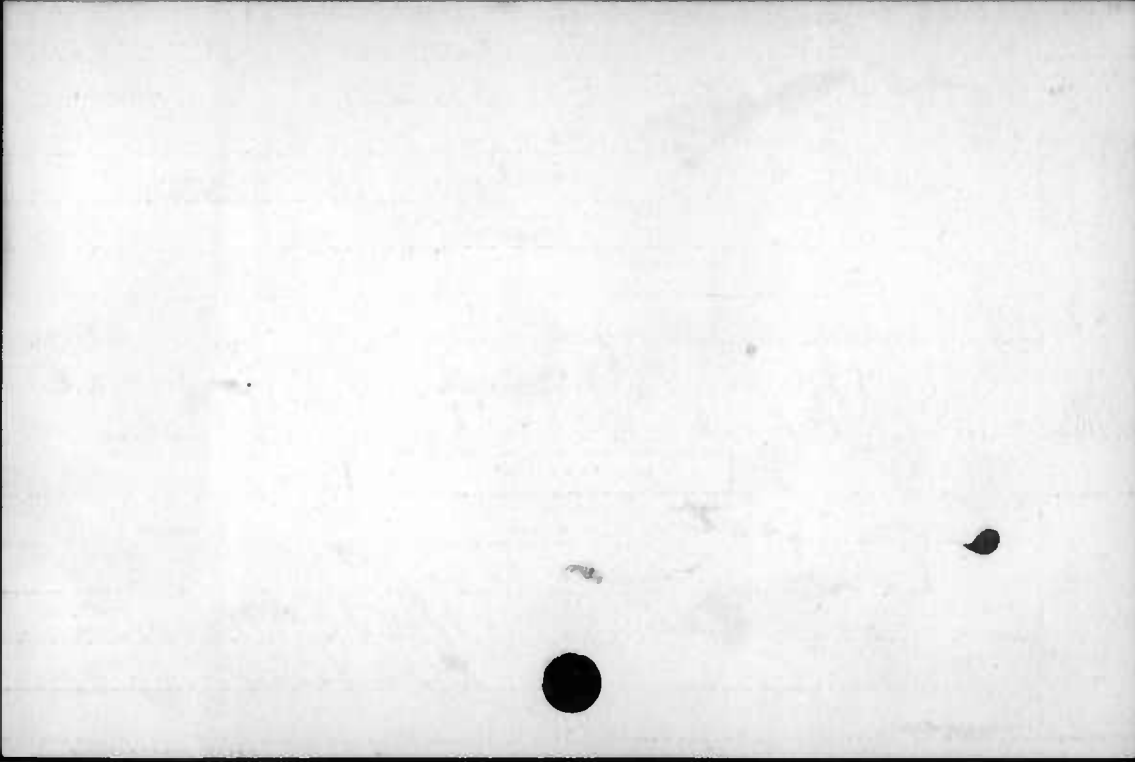
Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Charlie Ledvina Jr Father's Birthplace Europe  
Mother's Maiden Name Sophia Kleiha Mother's Birthplace Europe  
Name of person giving information Sophia Schultze How related to deceased Cousin

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

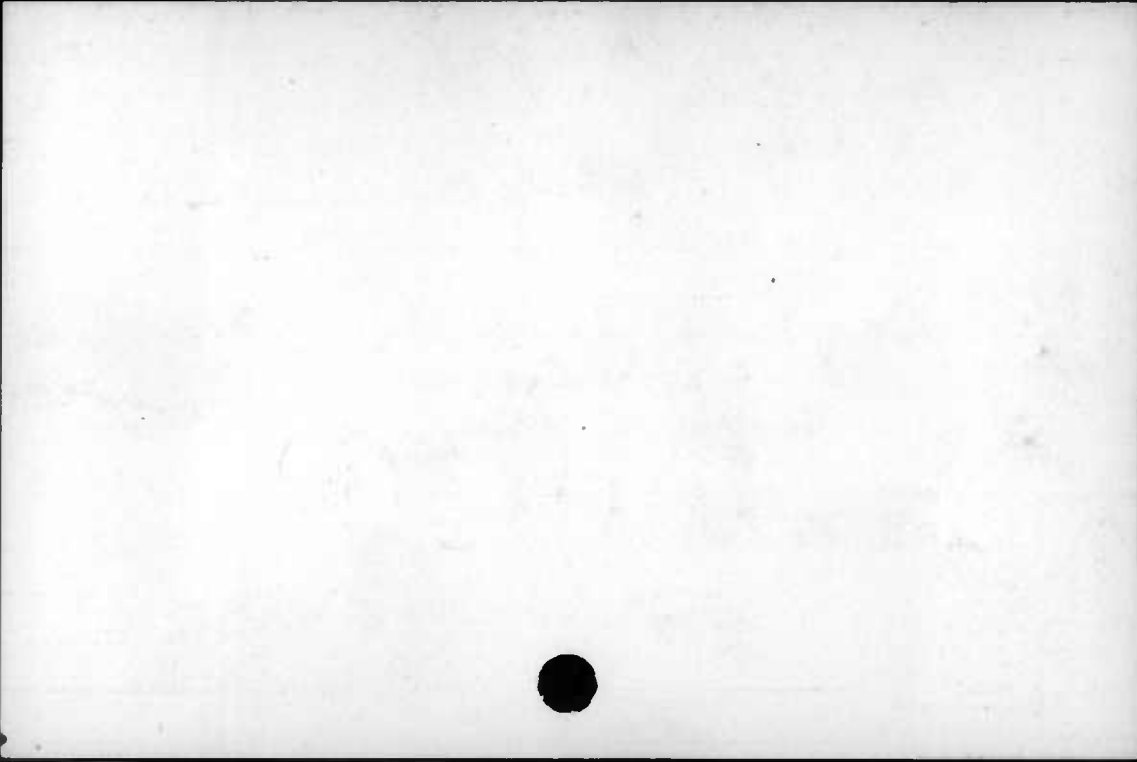
Primary Indigestion How long —  
Immediate Convulsions How long 2 hours  
Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician W. B. Horton M.D.  
Address So. Balto, Md.  
Accident or Suicide? —



Name in Full		Levy		County		CERTIFICATE OF DEATH	
Died at		Annapolis		9-9		MARYLAND	
Date of death		1908 July 9		Age		Months	
Sex		Male		Color or Race		White	
Occupation				Birth-place		Annapolis	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Benjamin Levy		Father's Birthplace		New York	
Mother's Maiden Name		Bessie Hohlberger		Mother's Birthplace		Austria	
Name of person giving information		Benjamin Levy		How related to deceased		Father	
CAUSES OF DEATH							
Primary		Still Born		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Wm S Welch	
Address				Address		Annapolis	
Accident or Suicide?							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Edmond Lewandowski

## CERTIFICATE OF DEATH

37  
TO BE ANSWERED BY  
NEAREST FRIEND

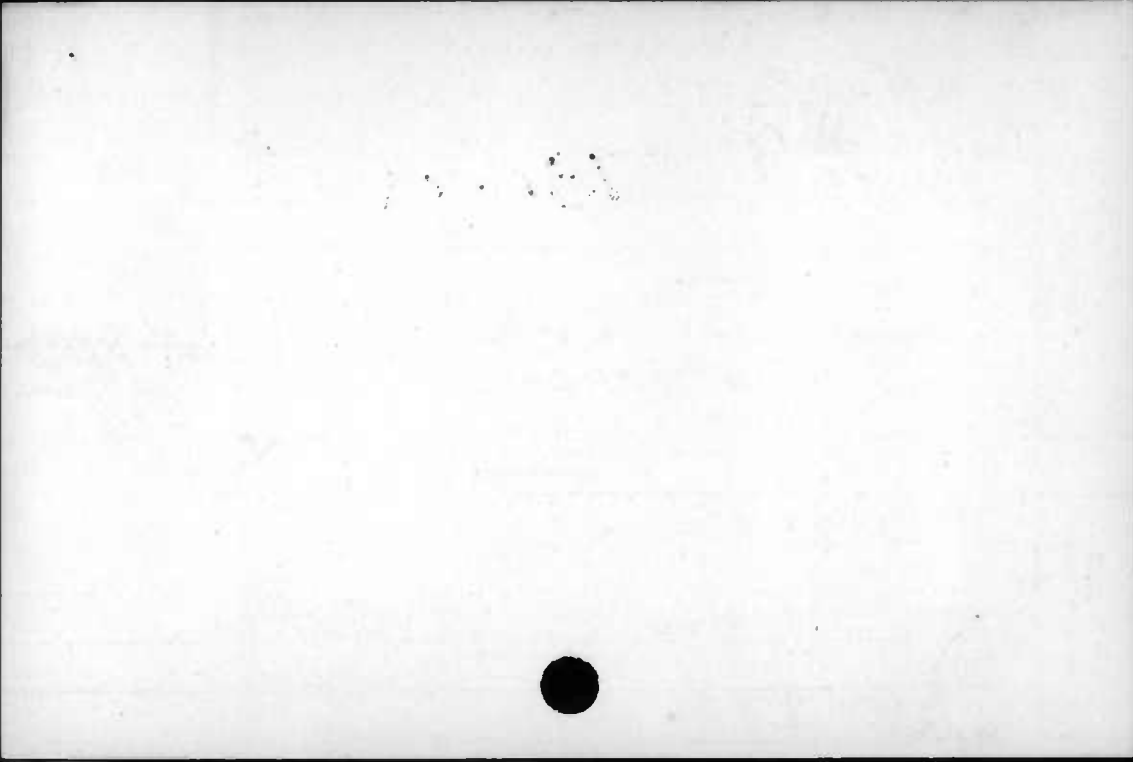
Died at		So. Baltimore		A. A.		MARYLAND	
Date of death	1908	Month	July	Day	21	Age	Years 7 Months 7 Days
Sex	Male		Color or Race	white		Birth-place	Mo.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Julius Lewandowski		Father's Birthplace	
Mother's Maiden Name				unknown		Mother's Birthplace	
Name of person giving information				Julius Lewandowski		How related to deceased	
						Father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infusion	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. B. O'Horton M.D.	
Address		So. Baltimore, Md.	
Accident or Suicide?			



Name  
in  
Full

Charles Francis Lochhead

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

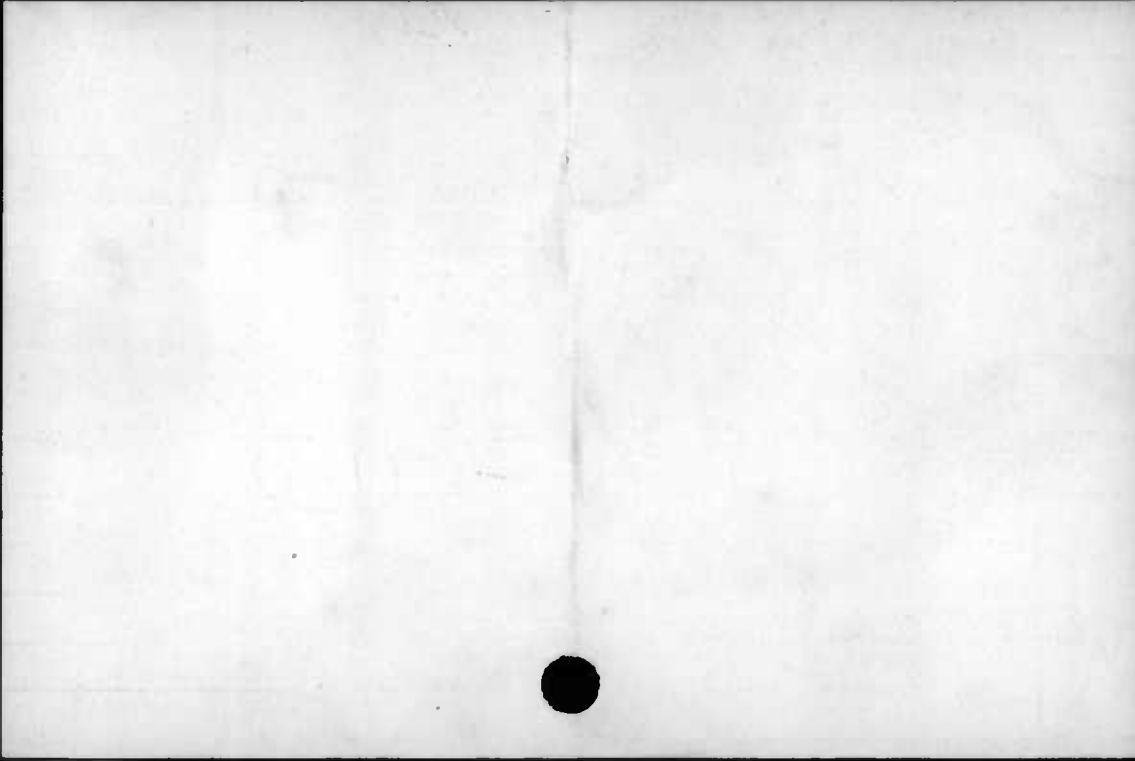
Died at <i>Earlport</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>July</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>11</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Earlport Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas Wesley Lochhead</i>			Father's Birthplace <i>Lima, Ohio</i>		
Mother's Maiden Name <i>Mabel Britton</i>			Mother's Birthplace <i>Earlport Md</i>		
Name of person giving information <i>Chas W Lochhead</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

124

PHYSICIAN  
OR CORONER

Primary <i>Vesico Rectal Fistula</i>	How long <i>11 days</i>
Immediate <i>Auto intoxication</i>	How long <i>11 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Susan Rebecca Virginia Loggeman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

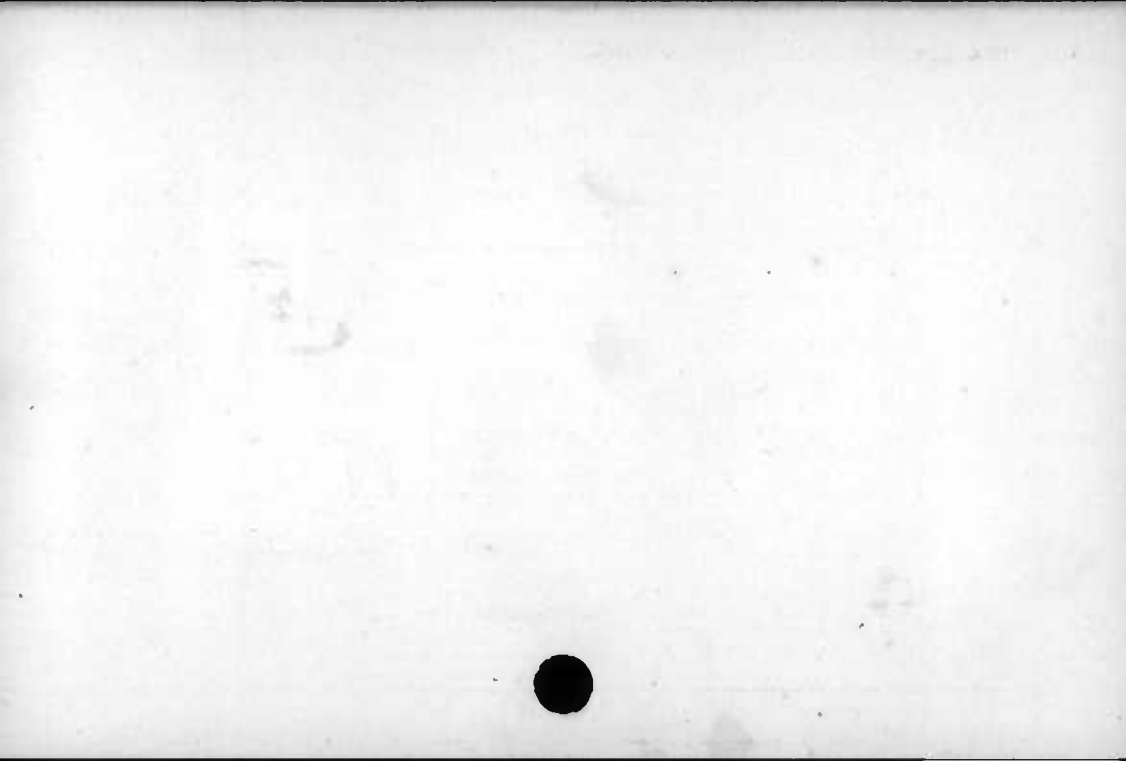
Died at		Town Annapolis		County A A Co		MARYLAND	
Date of death		190	Month July	Day 14	Age 2	Years 4	Months 4
Sex Male		Color or Race White		Birth-place Annapolis			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Reuben B Loggeman		Father's Birthplace A A Co Md					
Mother's Maiden Name Annie Johnson		Mother's Birthplace A A Co Md					
Name of person giving information Reuben B Loggeman		How related to deceased Father					

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Gastro-Enteritis	How long Four days
Immediate	Menigitis	How long Twenty four hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout
yes		Address Annapolis Md
Accident or Suicide?		



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

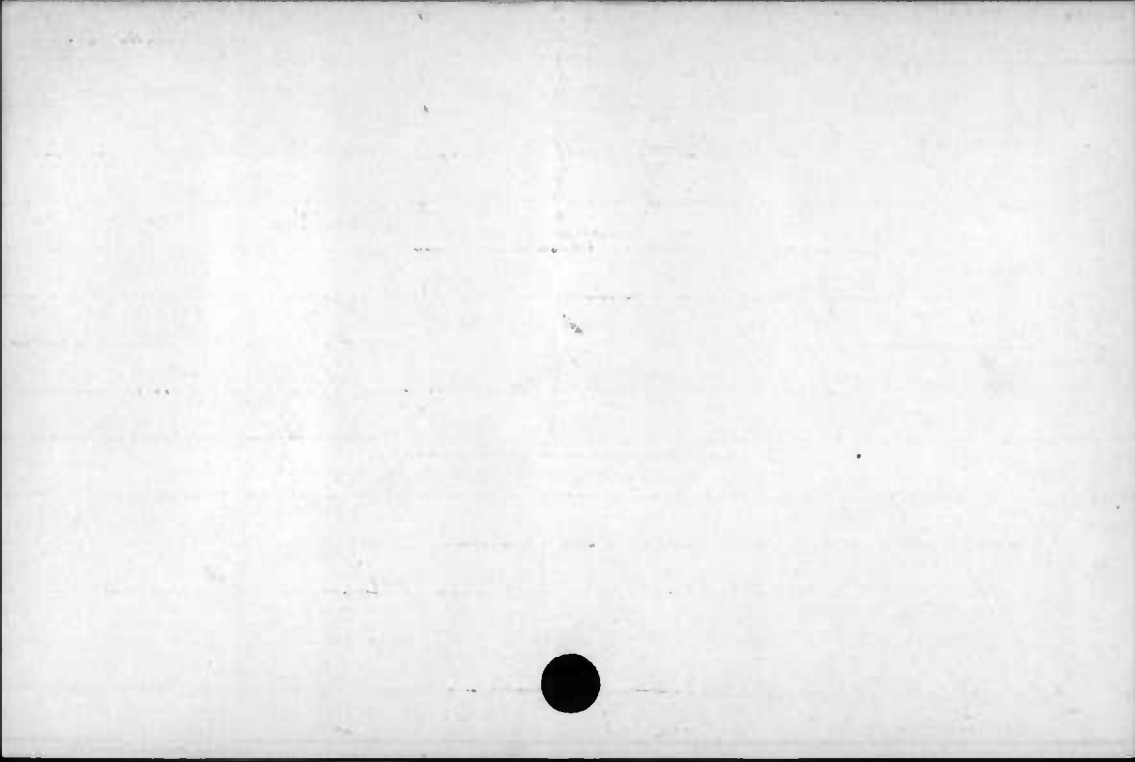
Name <i>Mary Catherine Marshall</i>		Town <i>Needs Harman</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Needs Harman</i>		Month <i>July</i>		Day <i>10</i>		Age <i>15</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co Md</i>			
Occupation <i>House Servant</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>James Marshall</i>		Father's Birthplace <i>Anne Arundel Co Md</i>					
Mother's Maiden Name <i>Margaret Queen</i>		Mother's Birthplace <i>Anne Arundel Co Md</i>					
Name of person giving information <i>James Marshall</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary	<i>Peritonitis</i>	How long	<i>7 days</i>
Immediate	<i>Peritonitis &amp; Exhaustion</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. R. Wm. L. S. C. M.</i>	
		Address <i>Hanover Md</i>	
Accident or Suicide?			





Name  
in  
Full

Charles William Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

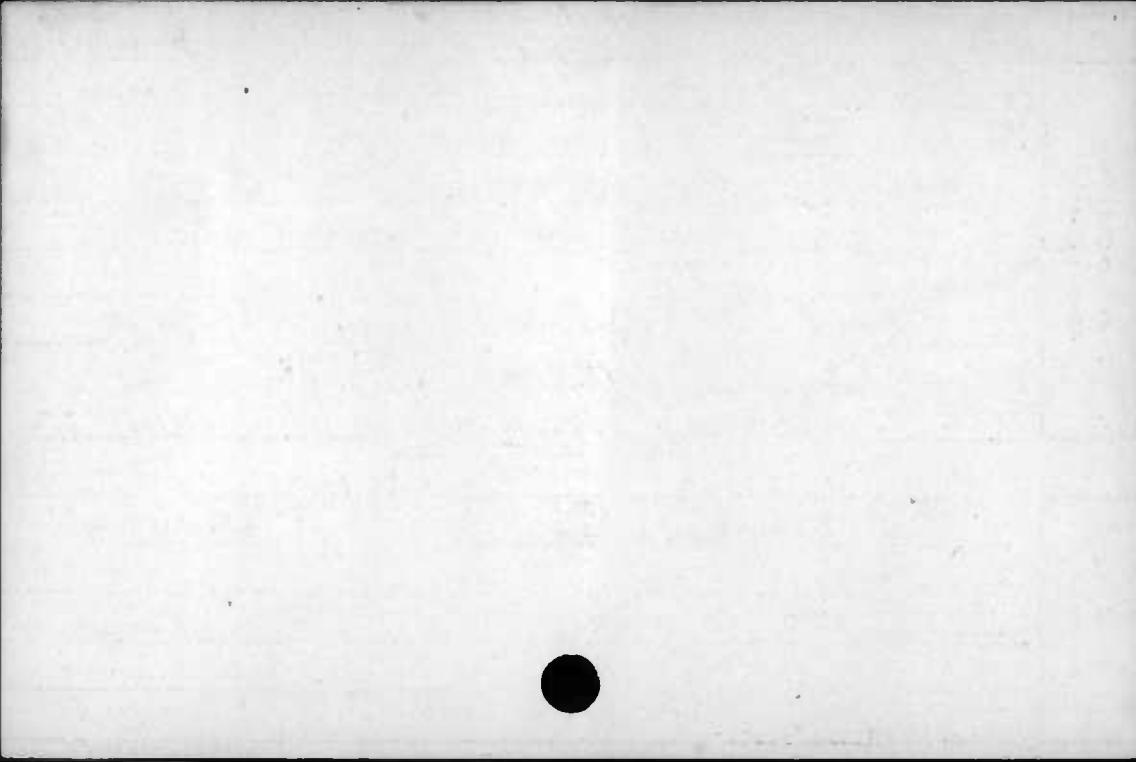
Died at <u>Wellham</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Year</sup>	<u>July</u> <sup>Month</sup>	<u>13</u> <sup>Day</sup>	<u>5</u> <sup>Months</sup>	<u>15</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Wellham, H.C. Md.</u>			
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or <u>Widowed</u>			Name of Wife or Husband <u></u>		
Father's Name <u>Charles P. Martin</u>			Father's Birthplace <u>Pennsylvania</u>		
Mother's Maiden Name <u>Frances Holdren</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u>Charles P. Martin</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

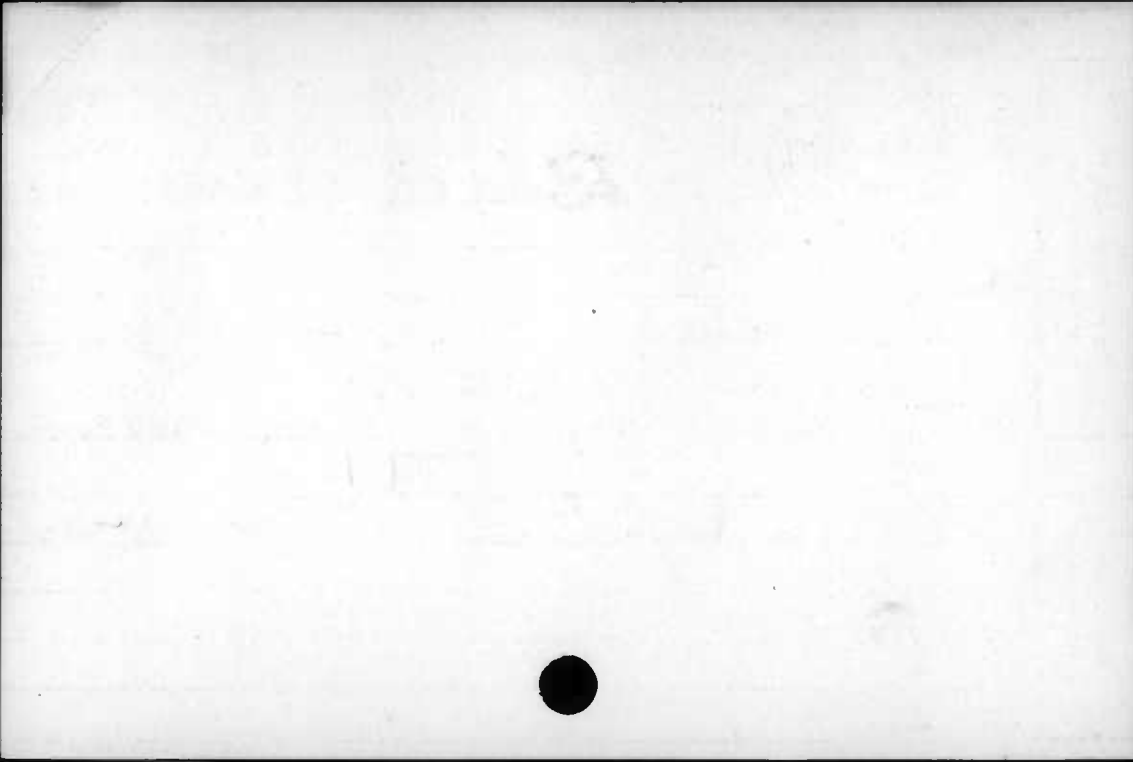
105

PHYSICIAN  
OR CORONER

Primary <u>Uterine Colic</u>	How long <u>3 weeks</u>
Immediate <u>Fracture</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. R. Winterison</u>
	Address <u>Baltimore</u>
	<u>Ma</u>
Accident or Suicidal?	

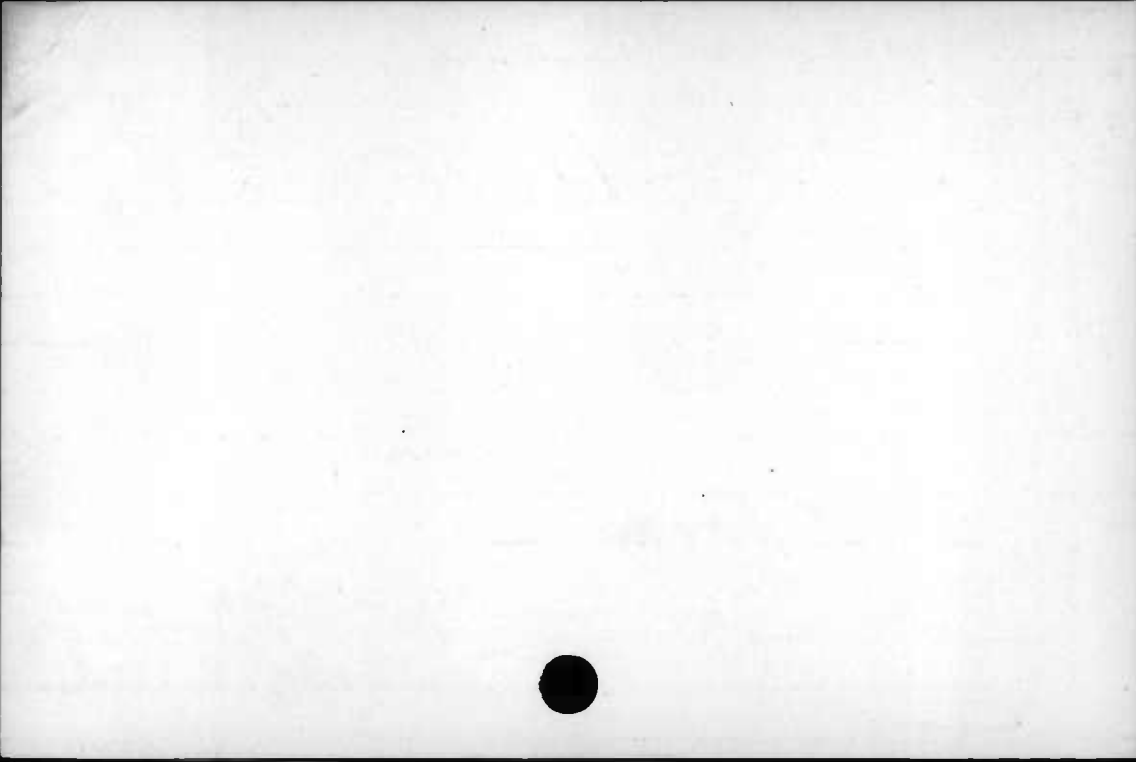


Name in Full <b>Mary Mason</b>		CERTIFICATE OF DEATH	
38 TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Bolley</b> Town		County <b>a. a.</b>
	Date of death <b>1908</b> Month <b>July</b> Day <b>22</b>		Age <b>—</b> Years Months <b>1</b> Days <b>28</b>
	Sex <b>Female</b>	Color or Race <b>Black</b>	Birth-place <b>Solley, Md.</b>
	Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>
	Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>—</b>	
	Father's Name <b>Will Mason</b>	Father's Birthplace <b>Md</b>	
	Mother's Maiden Name <b>Clara Wallace</b>	Mother's Birthplace <b>Va</b>	
Name of person giving information <b>Clara Mason</b>		How related to deceased <b>mother</b>	
CAUSES OF DEATH <b>105</b>			
PHYSICIAN OR CORONER	Primary <b>Enterocolitis</b>		How long <b>3 days</b>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>John C. Blue Coroner</b>
	Accident or Suicide?		Address



Name in Full		Martha Mason				CERTIFICATE OF DEATH					
36 TO BE ANSWERED BY NEAREST FRIEND	Died at		Solley		County		a. a.		MARYLAND		
	Date of death		1908	Month	July	Day	19	Age	Years	Months	Days
	Sex		Female		Color or Race		Black		Birth-place		Solley, Md
	Occupation				Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband						
	Father's Name				Will Mason				Father's Birthplace		Md
	Mother's Maiden Name				Clara Wallace				Mother's Birthplace		Vt
Name of person giving information				Clara Mason				How related to deceased		Mother	
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary				Cholera Infantum				How long		One week
	Immediate								How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				John P. P. Coroner		
					Address						
	Accident or Suicide?										

105



Name  
in  
Full

Not named

Meyers  
A. J.

## CERTIFICATE OF DEATH

MARYLAND

Died at Fairfaced Town

Date of death 1908 July 15

Age Years

Months

Days

Sex Female

Color or Race

white

Birth-place

Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Hennan Meyers

Father's Birthplace

Pa

Mother's Maiden Name

Mary Benton

Mother's Birthplace

Md.

Name of person giving information

How related deceased

## CAUSES OF DEATH

S

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

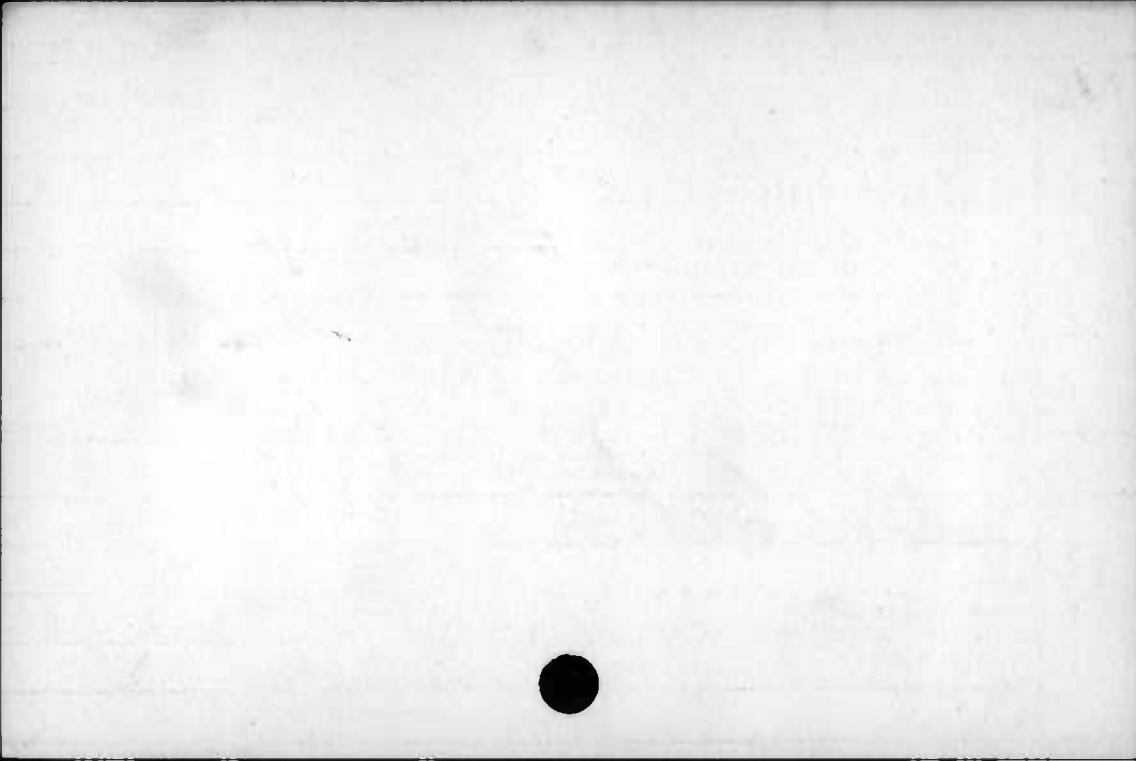
Signature of Physician

Address

Thos. B. Horton, M.D.  
So. Bally, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Nicholina Milewska

## CERTIFICATE OF DEATH

24

TO BE ANSWERED BY  
NEAREST FRIEND

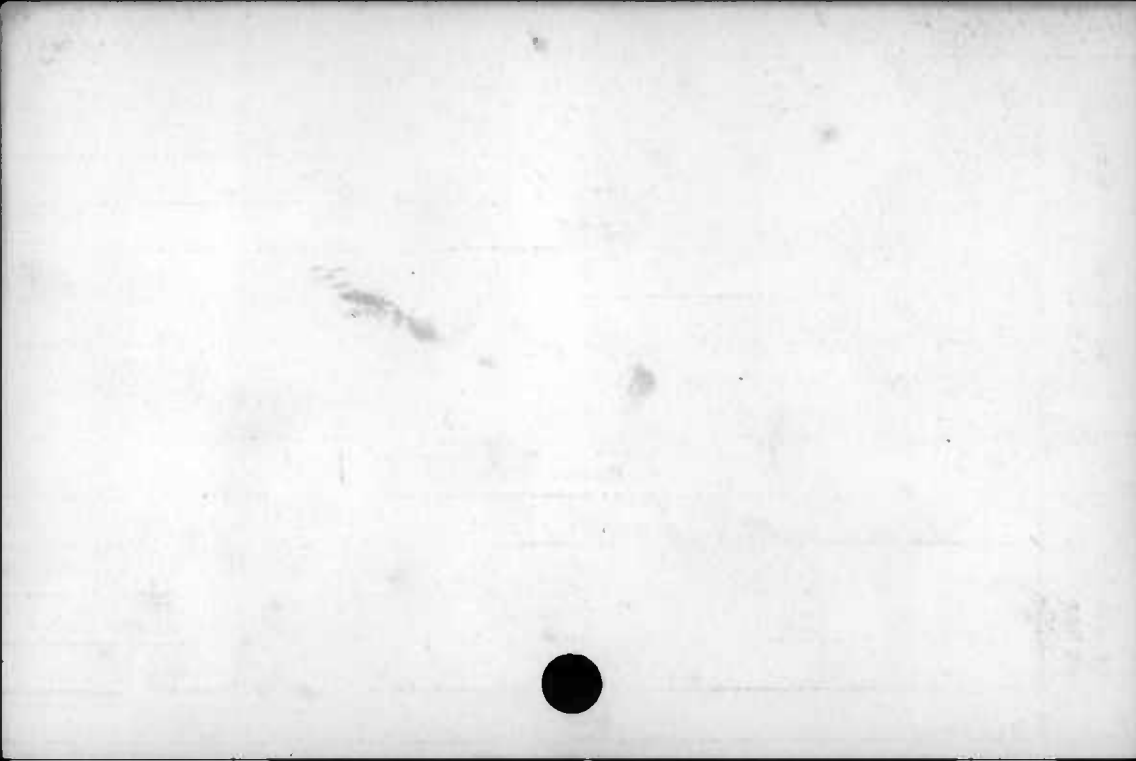
Died at <i>So. Balli</i>		<i>A. 7</i>		MARYLAND	
Date of death	1908	Month	July	Day	4
				Years	L
				Months	9
				Days	1
Sex	Female		Color or Race	white	
Occupation			Birth-place	Md.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Michael Milewska		
Mother's Maiden Name			Francis Ratauzik		
Name of person giving information			Michael Milewska		
Father's Birthplace			Russia		
Mother's Birthplace			"		
How related to deceased			Father		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>		How long	<i>3 weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>J. B. Norton MD</i>		
Address		<i>So. Balli, Md.</i>		
Accident or Suicide?				



Name  
in  
Full

Earnest Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brooklyn		County a a		MARYLAND	
Date of death	1908	Month 7	Day 16	Age	Years	Months 10	Days 13
Sex	Male		Color or Race	white		Birth- place	Ma
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Lewis Miller				Father's Birthplace	Ma
Mother's Maiden Name		Maggie Schlim				Mother's Birthplace	Ma
Name of person giving in formation		Lewis Miller				How related to deceased	Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantis	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas. V. Brooke
		Address	Brooklyn
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

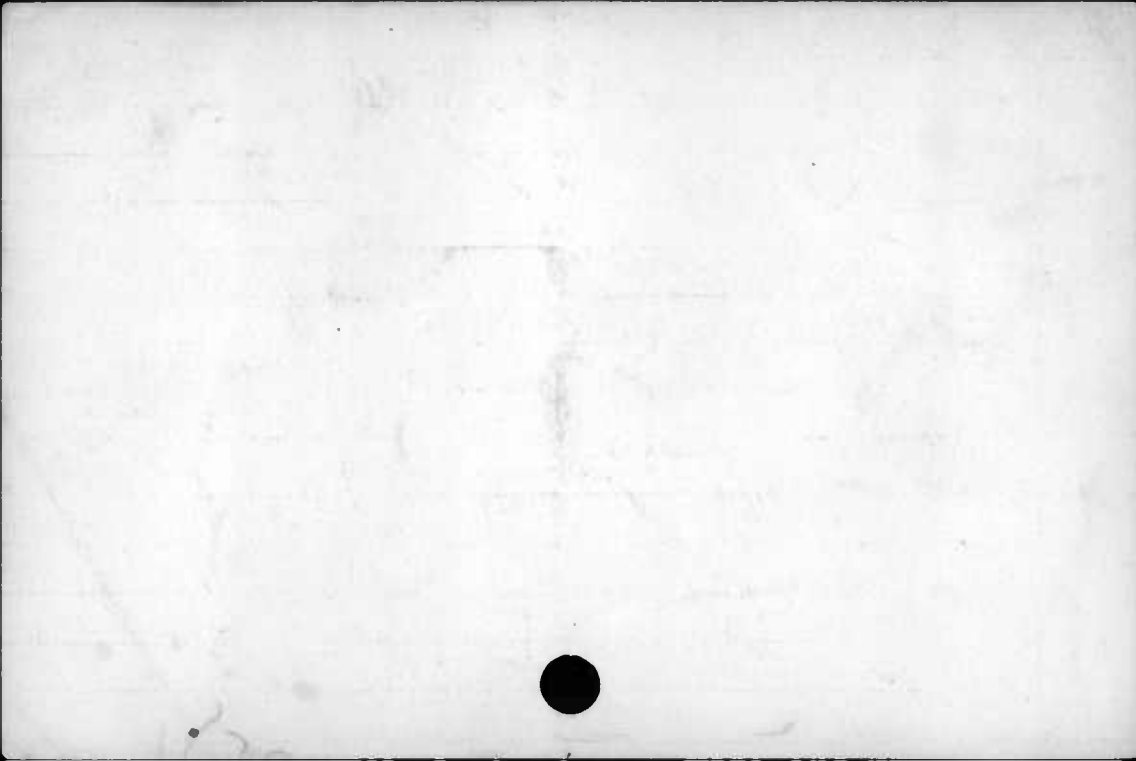
Died at <i>Shady Side</i> <sup>Town</sup> <i>A.A.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>July</i> <sup>Month</sup>	<i>eight</i> <sup>Day</sup>	<i>2</i> <sup>Years</sup>
Age <i>82</i>		Months <i>4</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany.</i>	
Occupation <i>Labor</i>	Where Residing if not in place of death		
<del>Name of Deceased</del> or Widowed	Name of Wife or <del>Husband</del> <i>Mary Momburger</i>		
Father's Name <i>John Momburger</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>J. J. Fox</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>J. J. Fox</i>	How related to deceased <i>Grand Son</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long
Immediate <i>Heart Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Wilson M.D.</i>
	Address <i>Churston A.A. Co. Ind.</i>
Accident or Suicide? <i>2</i>	



Name  
in  
Full

Charles T. Mules

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Revels <sup>Town</sup> Anna Amundel <sup>County</sup> **MARYLAND**

Date of death 190 8 <sup>Month</sup> July <sup>Day</sup> 16 Age <sup>Years</sup> 55 <sup>Months</sup> 9 <sup>Days</sup> 2

Sex Male Color or Race White Birth-place Balto, Md

Married, Single or Widowed Married Occupation Grocer

Name of Wife or Husband Catherine F. Mules

Father's Name Isaac W. Mules Father's Birthplace Maryland

Mother's Maiden Name Sarah N. Baughman Mother's Birthplace Maryland

Name of person giving Information Mrs. Catherine F. Mules How related to deceased Wife

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Nephritis <sup>How long</sup> 8 yrs.

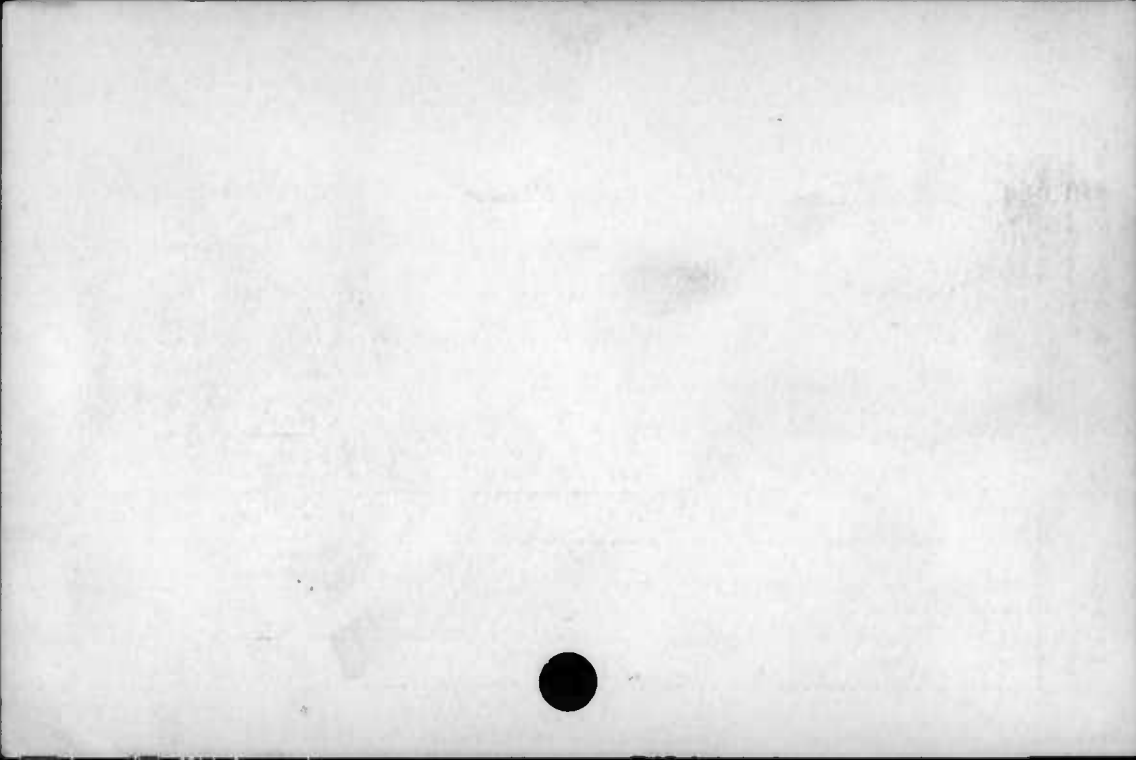
Immediate Uraemic Coma <sup>How long</sup> 2 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. A. Knott

Address 1727 N. Lombard St  
Baltimore, Md

Accident or Suicide? No.





Name  
in  
Full

Joseph Mullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

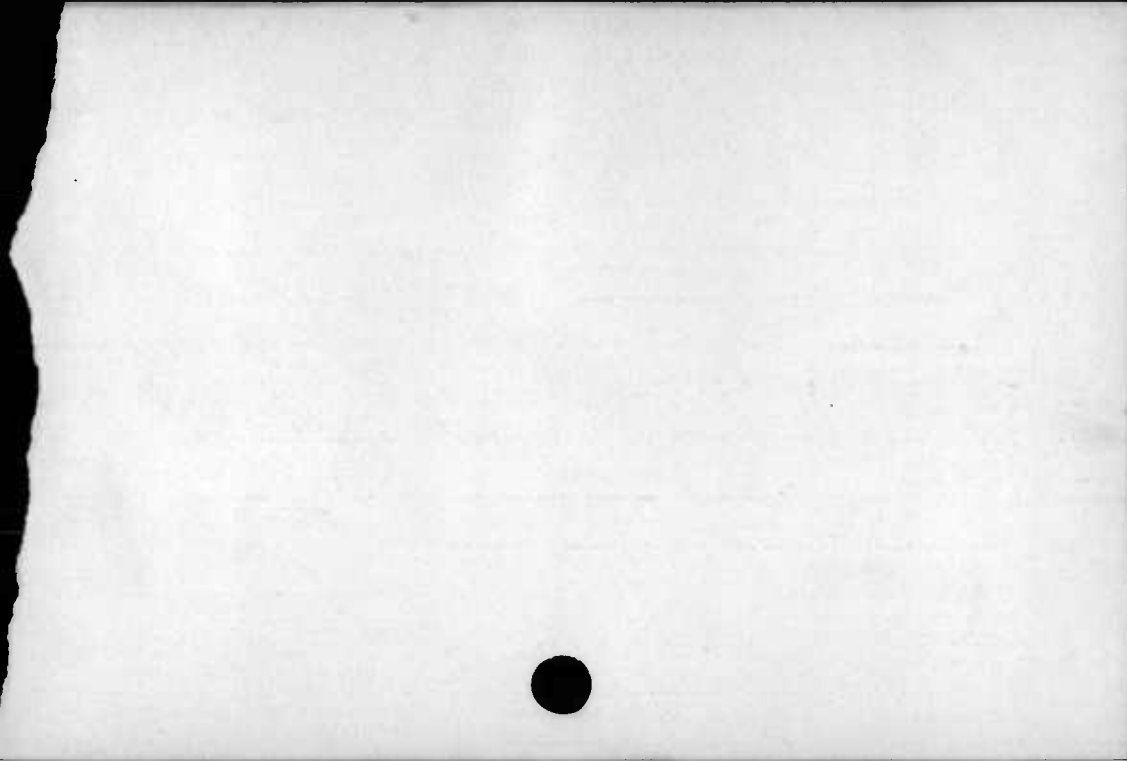
Died at <i>Nutwell</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>10</i>	Age <i>2</i>	Years <i>1</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Nutwell</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William Mullen</i>		Father's Birthplace <i>Leitch</i>			
Mother's Maiden Name <i>Annie Brown</i>		Mother's Birthplace <i>A. A. Co</i>			
Name of person giving information <i>William Mullen</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>One week</i>
Immediate <i>Heart-Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Brayshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

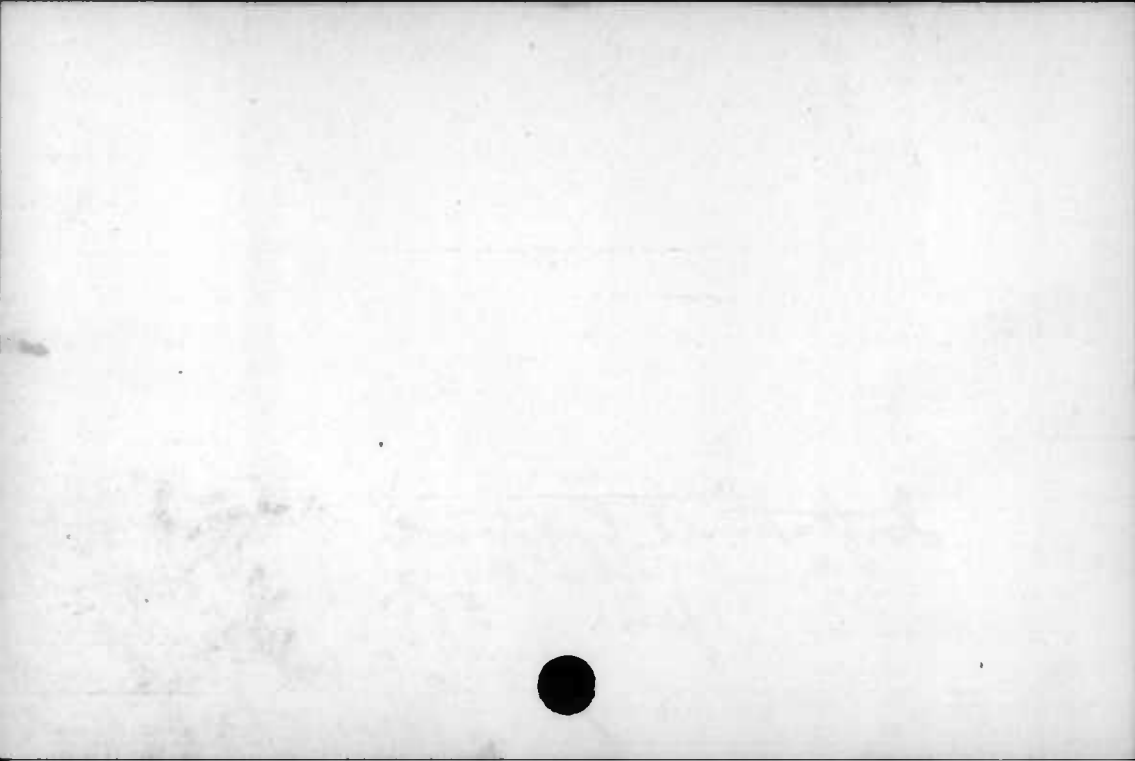
Name in Full <i>John Hunter Stewart Nichols</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>July</i>		Day <i>3rd</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>69</i>		Years <i>69</i>	
Birth-place <i>Anne Arundel Co. 2nd</i>		Occupation <i>Merchant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Frances A. Nichols.</i>					
Father's Name <i>John Gassaway Nichols</i>		Father's Birthplace <i>Prince George Co. 2nd</i>					
Mother's Maiden Name <i>Mary Hunter</i>		Mother's Birthplace <i>Anne Arundel Co. 2nd</i>					
Name of person giving information <i>Hannie B. Nichols</i>		How related to deceased <i>Saughter.</i>					

## CAUSES OF DEATH

10

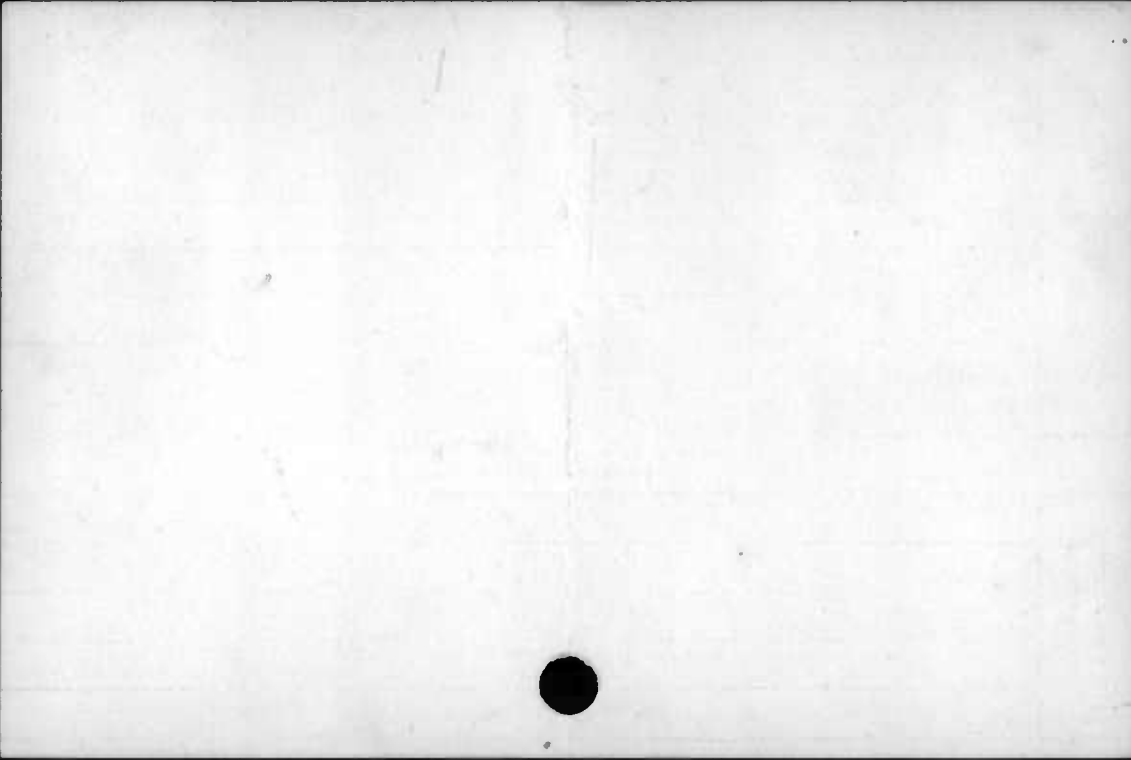
PHYSICIAN  
OR CORONER

Primary <i>Loa Grippe</i>		How long <i>Dec. 26, 1907</i>	
Immediate <i>Exhaustion</i>		How long <i>Three days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. Wells.</i>	
Yes <i>Yes</i>		Address <i>Annapolis, Maryland.</i>	
Accident or Suicide? <i>No</i>			



Name in Full		Cora Norris				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cambarole <sup>Town</sup>		A. A. <sup>County</sup>		MARYLAND					
	Date of death		1908	July	19.	Age	-	Months 5	Days 10.			
	Sex		Female		Color or Race		Colord		Birth-place		Baltimore Md.	
	Occupation		Unknown		Where Residing if not at place of death		Cambarole.					
	Married, Single or Widowed		Single		Name of Wife or Husband		Unknown					
	Father's Name		Charles Norris				Father's Birthplace		Baltimore			
	Mother's Maiden Name		Maryfield <sup>Queen</sup> Norris				Mother's Birthplace		Baltimore			
	Name of person giving information		Charles' Lavin				How related to deceased		Cousin			
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Intestinal Catarrh						How long		One week	
	Immediate		Convulsions						How long		3 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes						Signature of Physician		J. P. V. Kiser	
	Accident or Suicide?		No						Address		60 Laithrohal St Annapolis Md	

105



Name  
in  
Full

CERTIFICATE OF DEATH

*James W Offer*

Died at *East Port* <sup>Town</sup>

*a a b o* <sup>County</sup>

MARYLAND

Date of death *1908 July*

*7* <sup>Day</sup>

*5* <sup>Years</sup>

*9* <sup>Months</sup>

*4* <sup>Days</sup>

Sex *Male*

Color or Race *color*

Birth-place *West River a a b o*

Occupation *None*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband *None*

Father's Name *Charles Offer*

Father's Birthplace *Baltimore*

Mother's Maiden Name *Sally J Fax*

Mother's Birthplace *Cherchen*

Name of person giving information *Charles Offer*

How related to deceased *Father*

CAUSES OF DEATH

**172**

Primary *Accidental Drowning*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

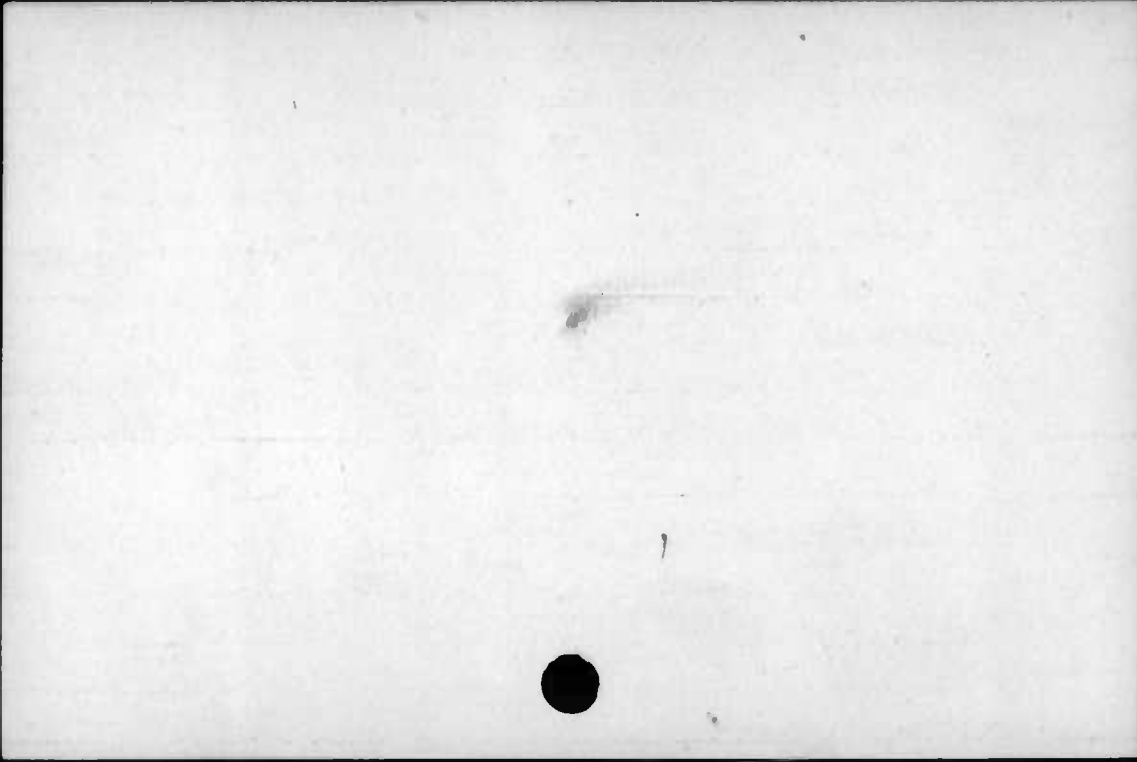
Address

*Coroner Charles G. Feldmeyer  
Justice of the Peace  
Acting Coroner*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

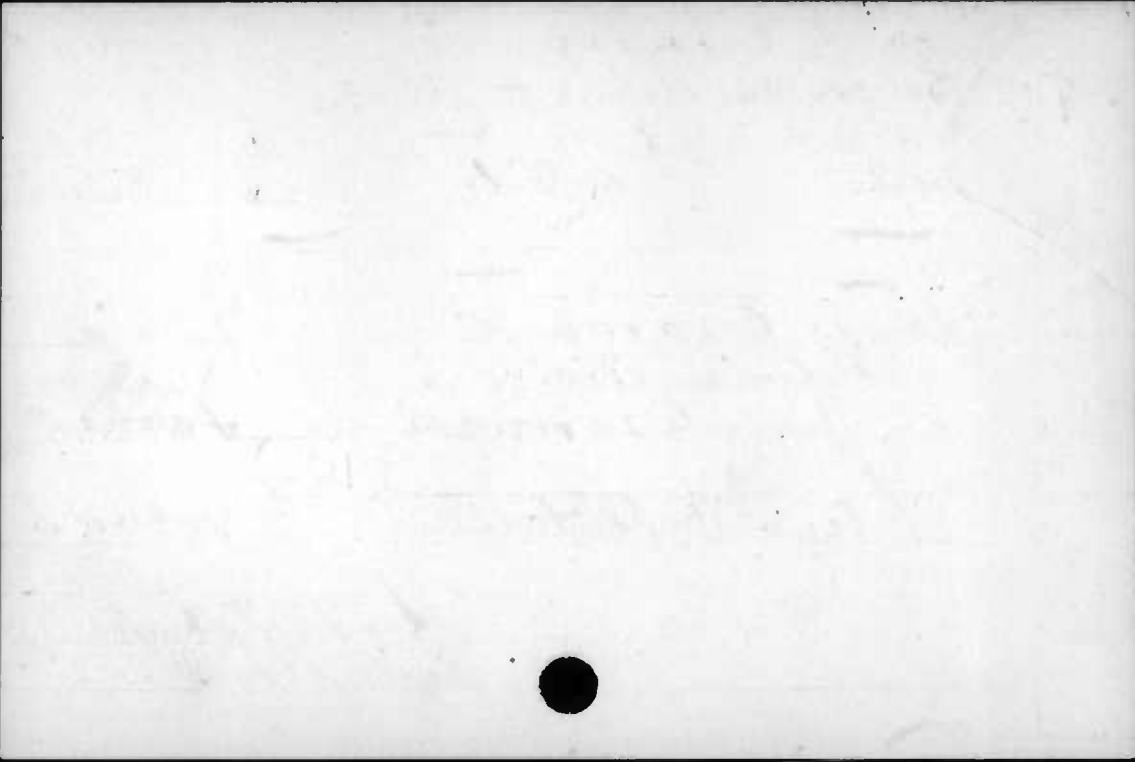




Name in Full		Certificate of Death			
39		Vincent Ozarowski			
Died at		Town South Baltimore - a -		County	
Date of death		1908	Month July	Day 26	Age —
Sex Male		Color or Race white		Months 2	Days 21
Occupation —		Where Residing if not at place of death —		Birthplace So. Balty, Md	
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name James Ozarowski		Father's Birthplace Russia			
Mother's Maiden Name Felicia Wicicols		Mother's Birthplace Russia			
Name of person giving information James Ozarowski		How related to deceased Father			
		CAUSES OF DEATH		(105)	
Primary		Cholera Infantum		How long 2 weeks	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. B. Horton M.D.		Address So. Balty Md	
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Frank Peterson

# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at *So. Balto* <sup>Town</sup> *q. q.* <sup>County</sup>

## MARYLAND

Date of death	1908	Month	July	Day	24	Age	2	Months	9	Days	1
---------------	------	-------	------	-----	----	-----	---	--------	---	------	---

Sex	Male	Color or Race	White	Birth-place	St. Balto
-----	------	---------------	-------	-------------	-----------

Occupation	Where Residing if not at place of death
------------	---

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name Lohan Pecounck

Father's Birthplace *Austria*

Mother's  
Maiden Name *Frances Tridl*

Mother's Birthplace *Chorvicia*

Name of person giving information Grace Pecorek

How related to deceased *Brother*

### CAUSES OF DEATH

105

Primary	Gastro Intestinal Catarrh	How long	about 10. days
		How long	

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

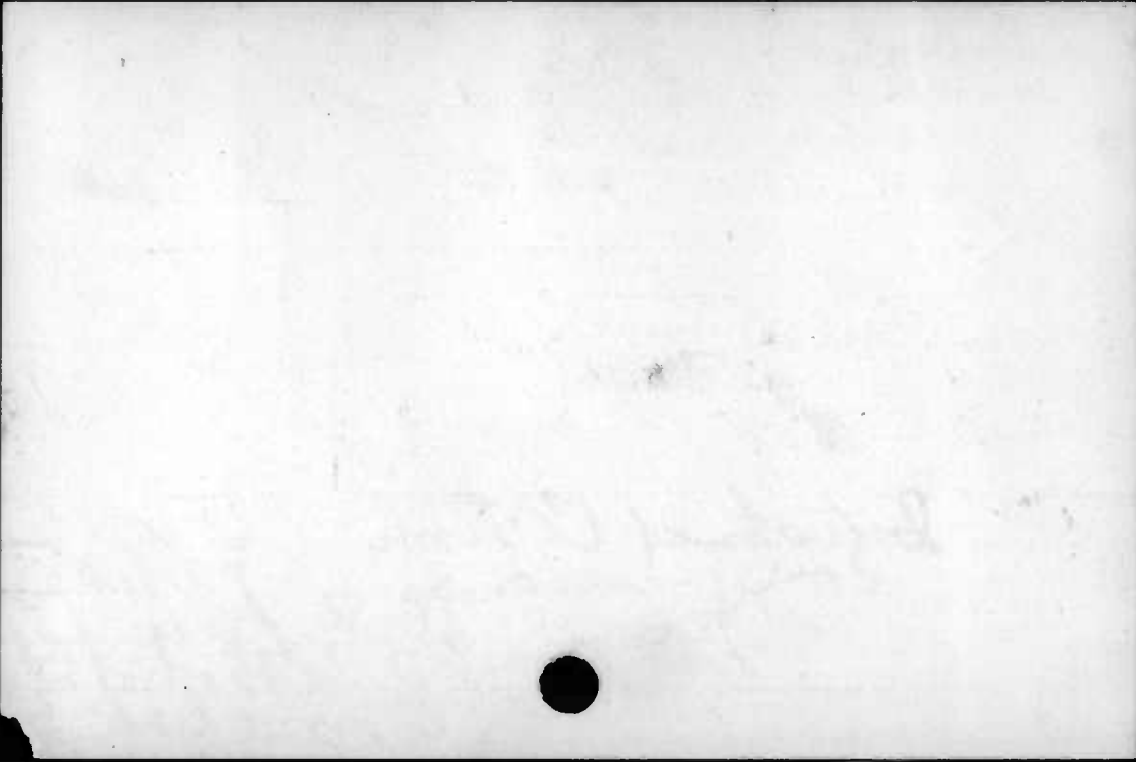
yes

Signature of Physician

Address

Harris Pinner M B  
1119 E. 1st St

## Accident or Suicide?



Name  
in  
Full

Lottie E. Pinkney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

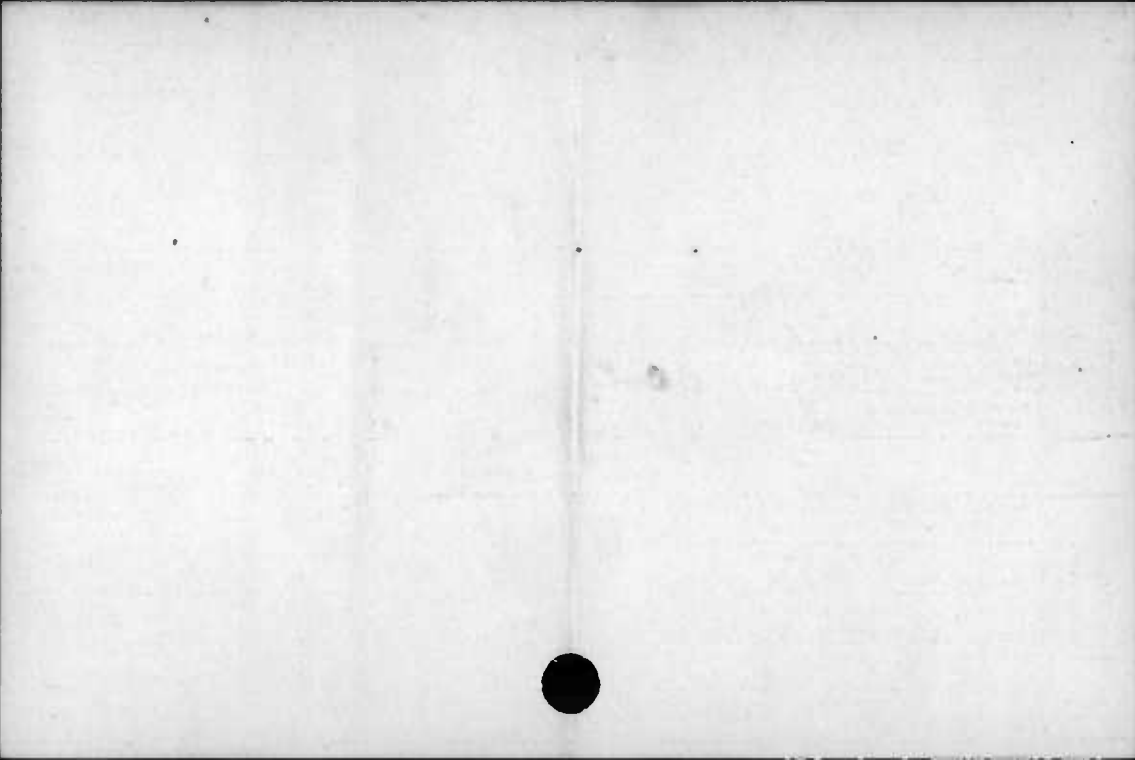
Died at <i>Annapolis</i> Tcwn		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>	Months <i>2</i>	Days <i>1</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Walter Pinkney</i>	Father's Birthplace <i>Annapolis Md</i>		Mother's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Alice Scott</i>	Name of person giving information <i>Lottie Pinkney</i>		How related to deceased <i>Aunt -</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Catarrh</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Keener</i>
	Address <i>60 Cathedral St Annapolis</i>
Accident or Suicide? <i>2</i>	



Name  
in  
Full

Mary Eblin Pointer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

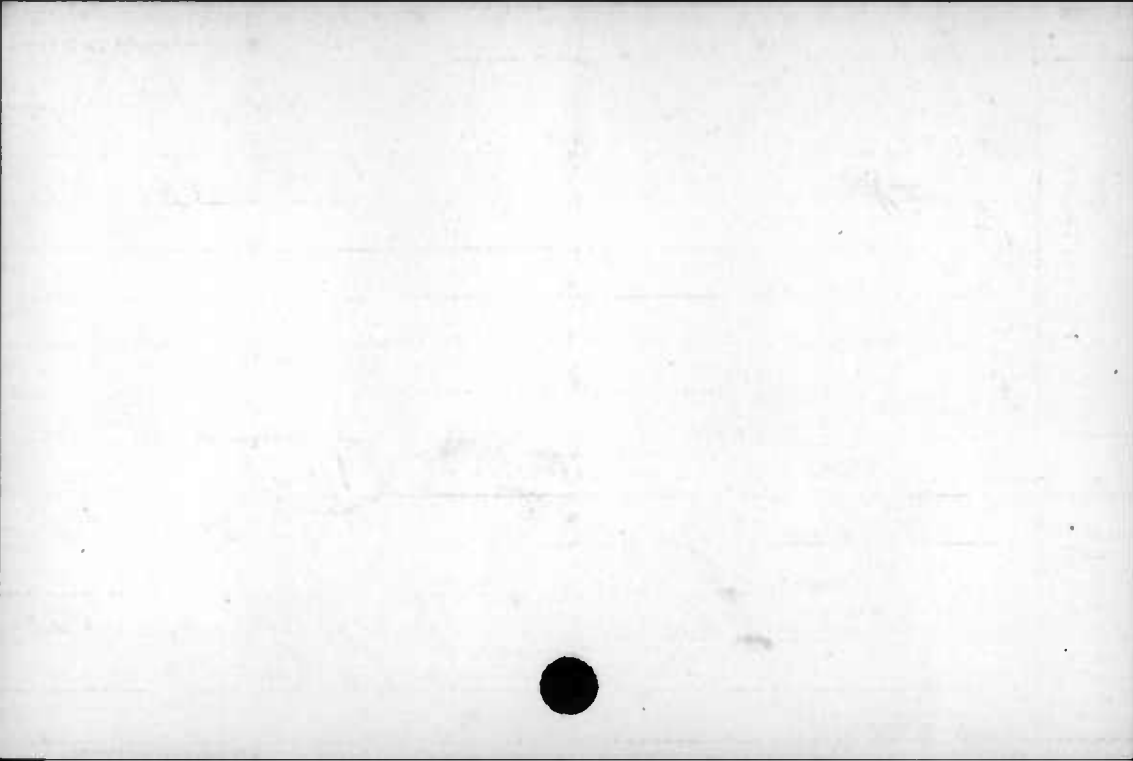
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Ch</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	Age <i>10</i> <sup>Years</sup>	<i>10</i> <sup>Months</sup>	<i>24</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Pointer</i>	Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Agnes Abond</i>	Mother's Birthplace <i>..</i>				
Name of person giving information <i>Agnes Pointer</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Weather</i>	How long <i>10 hrs</i>
Immediate <i>Cholera Infantum</i>	How long <i>10 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ambrose Garcia</i>
	Address <i>12 Clay St</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Franciska Buklycz

## CERTIFICATE OF DEATH

25

Died at So Balto. <sup>Town</sup>

County

G. G.

MARYLAND

Date of death 1908 <sup>Month</sup> July <sup>Day</sup> 4 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> 10 <sup>Days</sup> —Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> So BaltoOccupation — <sup>Where Residing if not at place of death</sup> —Married, Single or Widowed — <sup>Name of Wife or Husband</sup> —

Father's Name Kaspar Buklycz

Father's Birthplace Austria

Mother's Maiden Name Anna Slepickova

Mother's Birthplace "

Name of person giving information Kaspar Buklycz

How related to deceased Father

## CAUSES OF DEATH

105

Primary Cholera Infantum

How long 2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

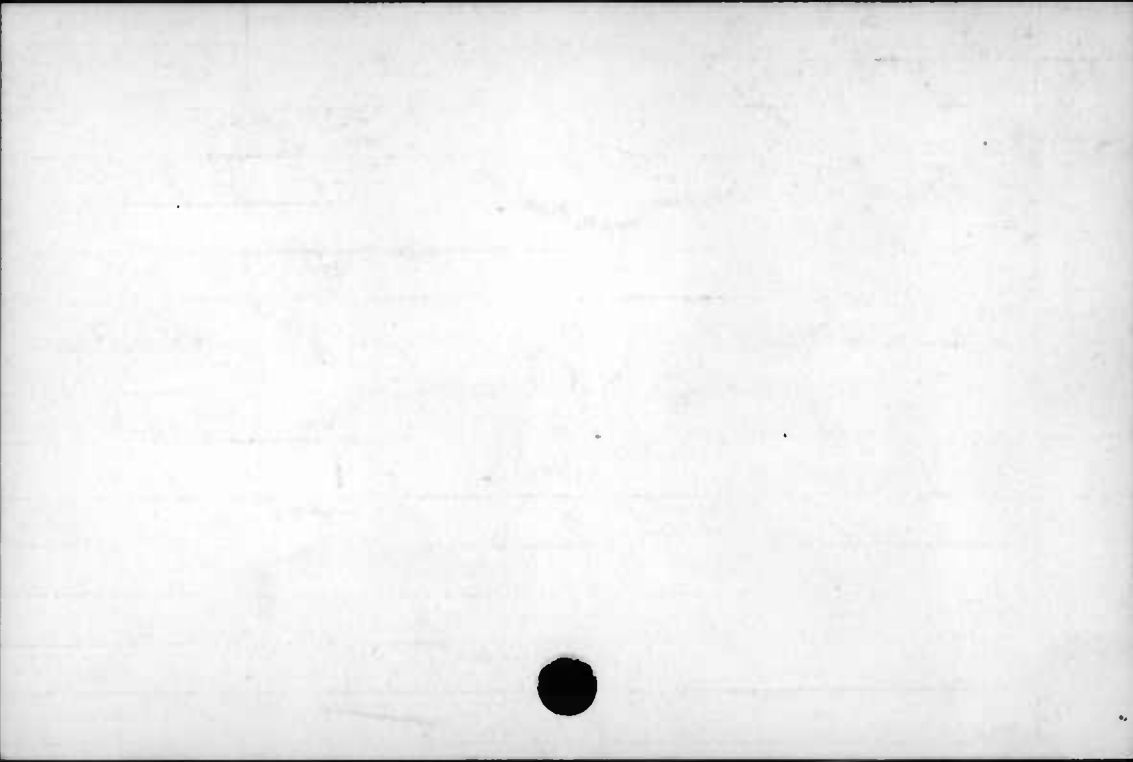
Signature of Physician

Address

Thos. B. Horton M.D.  
So. Balto. Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ignos Ragucki

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

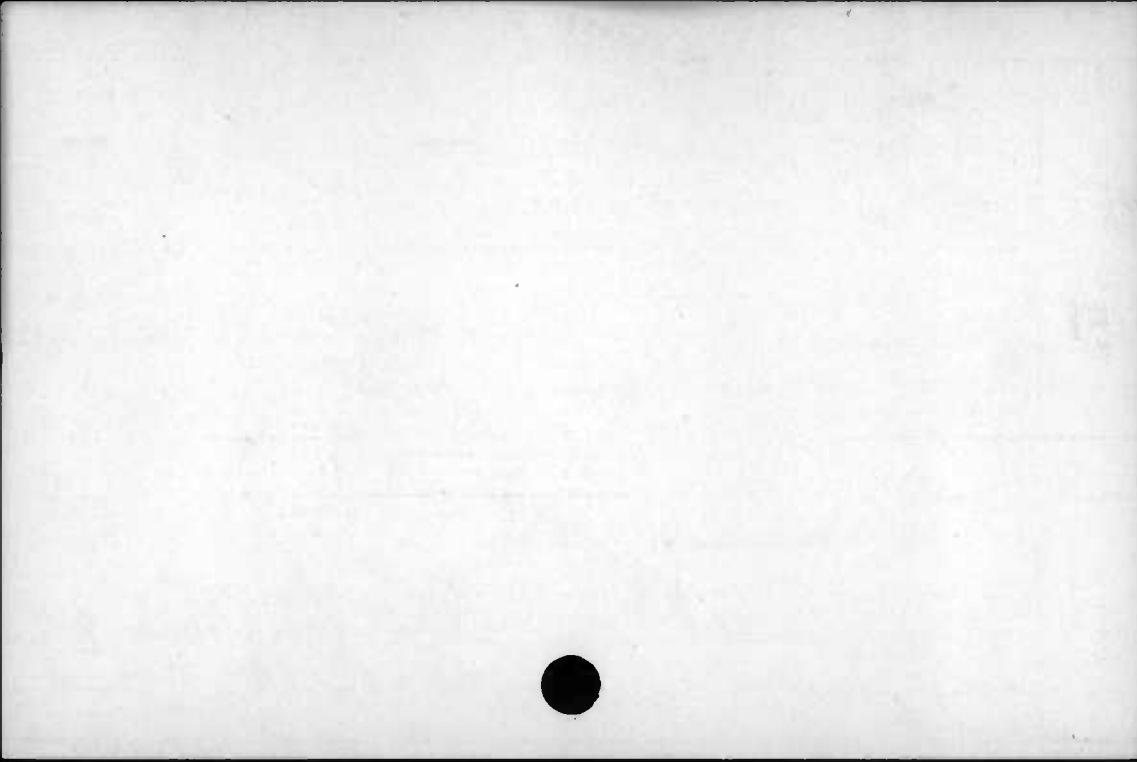
Died at <i>Burton Bay</i> <small>Town</small>		<i>44</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>7</i>	Day <i>9</i>	Age <i>3</i> Years	Months <i>3</i> Days
Sex <i>Male</i>	Color or Race <i>—</i>		Birth-place <i>Ma</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Ignos Ragucki</i>		Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Annie</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Chas Ragucki</i>		How related to deceased <i>Niece</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>1 week</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas B Brook</i>
<i>8</i> Accident or Suicide?	Address <i>—</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Sorsalti* Town*A. A.* CountyDate of death *1908* Month *July* Day *16* Age *—* Years *—* Months *2* Days *—*Sex *Male* Color or Race *white* Birth-place *Mt.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's Name *Joseph Raimansky*Father's Birthplace *Russia*Mother's Maiden Name *Annie Adamatis*

Mother's Birthplace

Name of person giving  
In formation *John Waigluski*How related  
to deceased *friend*

## CAUSES OF DEATH

105

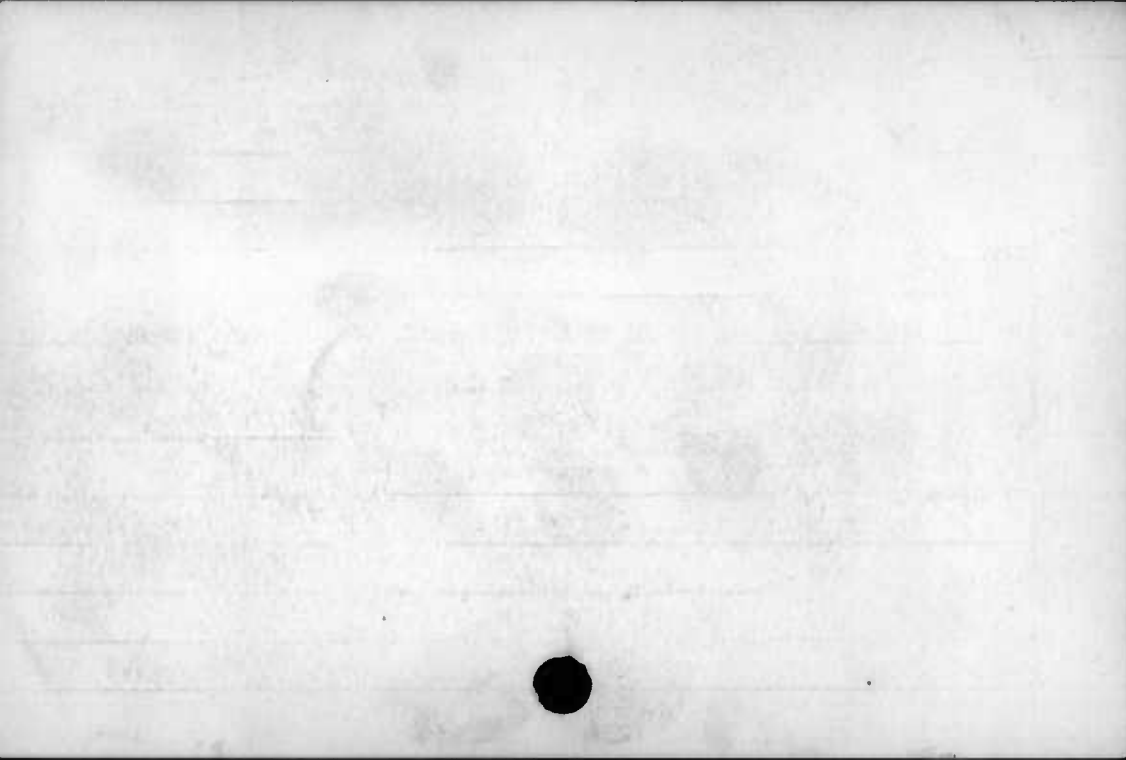
Primary *Cholera Infantum*How long *3 weeks*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of Physician *Thos. B. Norton M.D.*Address *So. Balto, Md.*

Accident or Suicide?



Name  
in  
Full

Adalbert Schellhake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

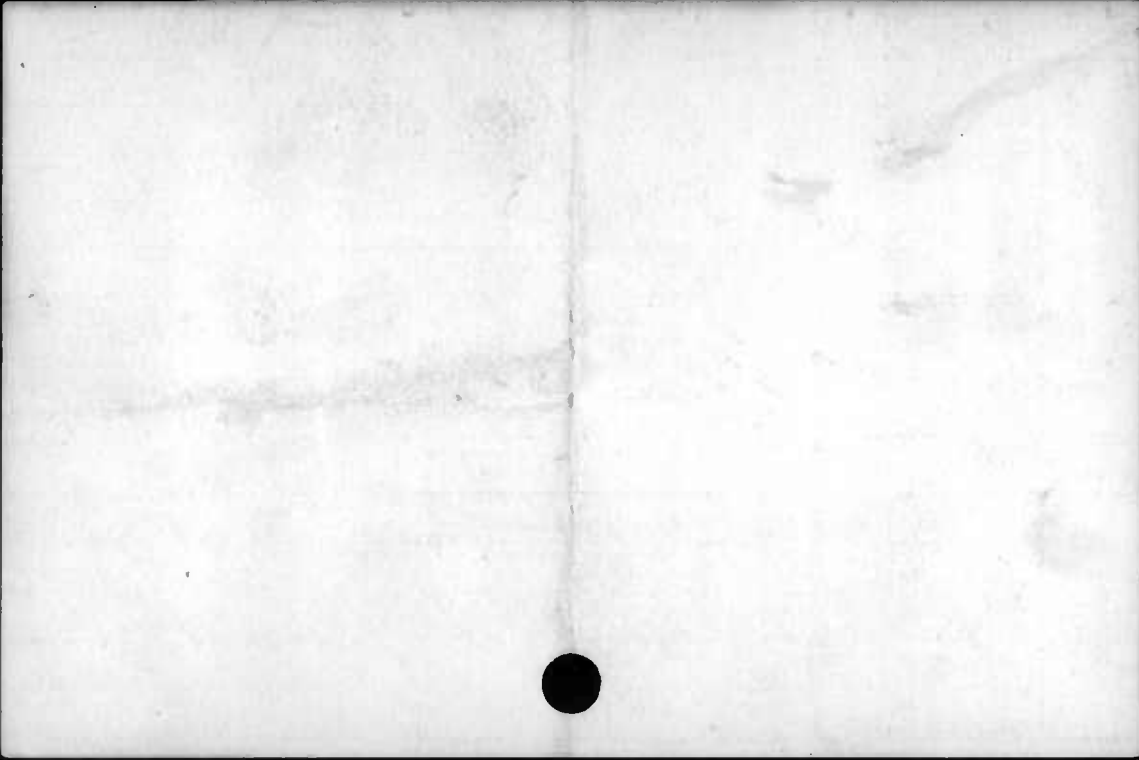
Died at <i>Curtis Bay</i>		Town <i>Curtis Bay</i>		County <i>and</i>		MARYLAND	
Date of death <i>1908 July 3</i>		Month <i>July</i>		Day <i>3</i>		Age <i>✓</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>6</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Lena Schellhake</i>		Father's Birthplace <i>Cushia</i>		Mother's Birthplace <i>Cushia</i>			
Mother's Maiden Name <i>Maria Stach</i>		How related to deceased <i>Father</i>					
Name of person giving information <i>Lena Schellhake</i>							

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Chronic Indigestion</i>	How long <i>2 months</i>
Immediate <i>Cholera Infantum</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William D. Fort M.D.</i>
	Address <i>Curtis Bay Co Md</i>
Accident or Suicide? <i>✓</i>	





Name  
in  
FullHelen Schick ~~tan~~

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

27

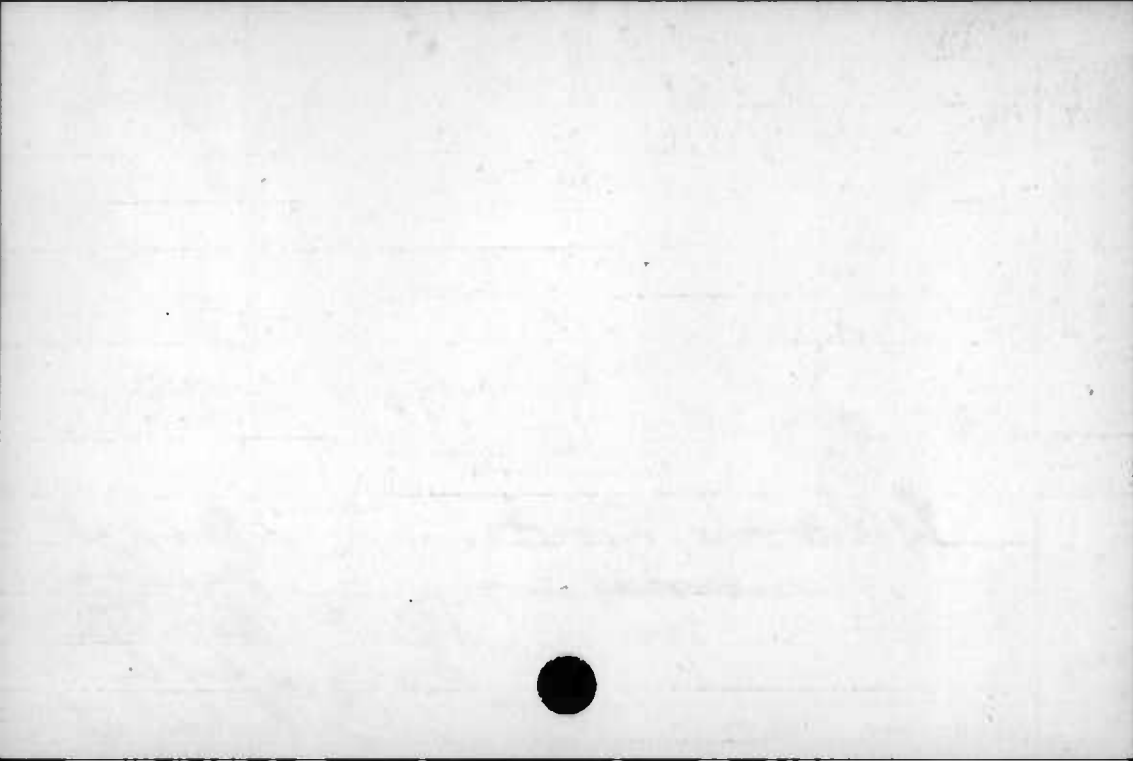
Died at <i>So. Balti</i>		<i>A</i> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1908</i>	<i>July</i>	<i>6</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>
Sex	Color or Race		Birth-place		
<i>Female</i>	<i>white</i>		<i>md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
<i>✓</i>			<i>✓</i>		
Father's Name			Father's Birthplace		
<i>Frank Schick tan</i>			<i>Bohemia</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Antonia Jaces</i>			<i>✓</i>		
Name of person giving information			How related to deceased		
<i>Frank Schick tan</i>			<i>Father</i>		

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

105

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. B. Bortow Md</i>	
		Address	
		<i>So. Balt., md</i>	
Accident or Suicide?			



Name  
in  
Full

David Daniel Schaffer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Annapolis

Town

County

a

MARYLAND

Date

of death 190

8

Month

Day

15

Age

Years

47

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

York Pa.

Occupation

Farmer

Where Residing if not  
at place of death

Emergency Hospital

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Annie Schaffer

Father's  
Name

Daniel Schaffer

Father's  
Birthplace

York Pa

Mother's  
Maiden Name

Curie Ebers

Mother's  
Birthplace

York Pa

Name of person giving  
information

Annie Schaffer

How related  
to deceased

Wife

## CAUSES OF DEATH

117

PHYSICIAN  
OR CORONER

Primary

Carcinoma Pancreas

How long

one year

Immediate

General Carcinoma

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

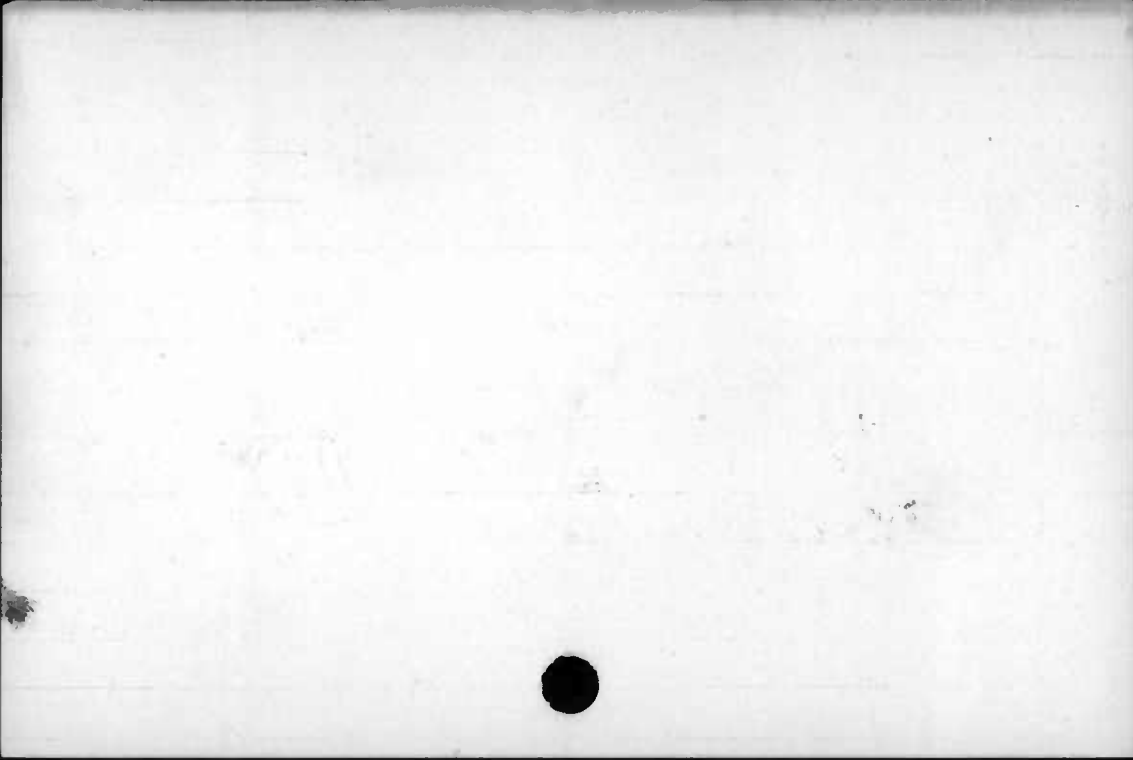
Walton H. Hoffman

Address

Annapolis Md

Accident or Suicide?

no



Name  
in  
Full

Walter Scott

## CERTIFICATE OF DEATH

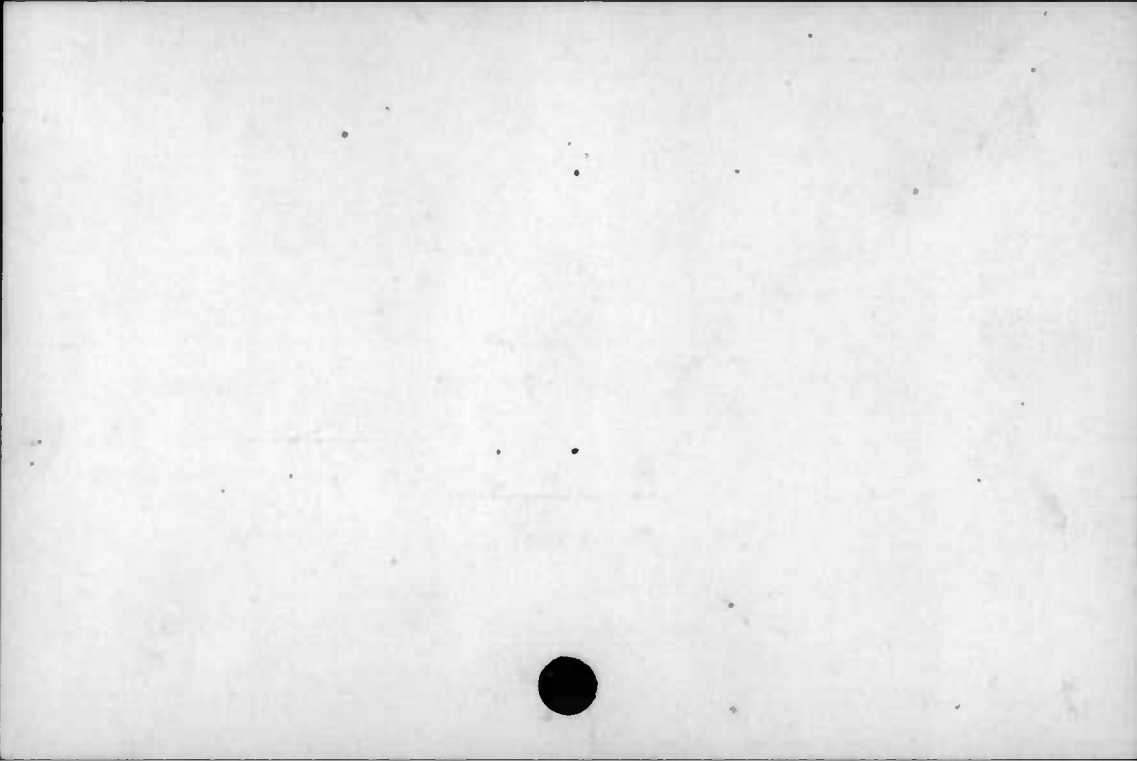
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <small>Town</small>		<u>A. A. Co</u> <small>County</small>		MARYLAND	
Date of death <u>1908 July 13</u>		Age <u>22</u>		Months <u>11</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>colored</u>	Birth-place <u>Annapolis</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Flint St</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Erben Scott</u>	Father's Birthplace <u>Annapolis</u>				
Mother's Maiden Name <u>Harriett Mitchell</u>	Mother's Birthplace <u>Annapolis</u>				
Name of person giving information <u>Rose Scott</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>One week</u>
Immediate <u>Hemorrhage</u>	How long <u>One hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>T. D. Turner</u>
Accident or Suicide? <u>no</u>	Address <u>Annapolis</u> <u>600 Market St.</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *So. Balt.* <sup>Town</sup> *AA* <sup>County</sup>  
 Date of death *1908* <sup>Month</sup> *July* <sup>Day</sup> *11* <sup>Years</sup> *✓* <sup>Months</sup> *1* <sup>Days</sup> *✓*  
 Sex *Male* Color or Race *white* Birth-place *W. d.*  
 Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed *✓* Name of Wife or Husband *✓*

Father's Name *Dennis Sexton* Father's Birthplace *W. d.*

Mother's Maiden Name *Amelia Wilson* Mother's Birthplace *✓*

Name of person giving information *Dennis Sexton* How related to deceased *Father*

## CAUSES OF DEATH

151

Primary *Marasmus* *✓* How long *Unknown*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

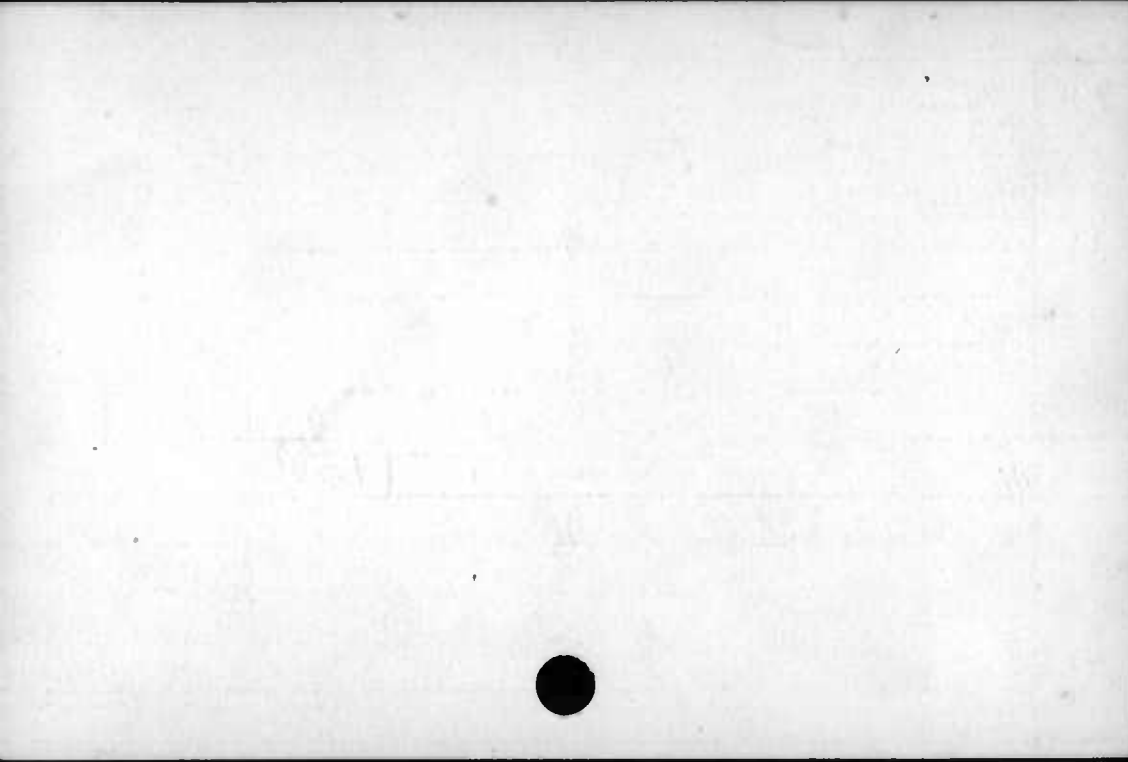
Address

*Thos. B. Storton MD*  
*So. Balt., Md.*

Accident or Suicide? *✓*TO BE ANSWERED BY  
NEAREST FRIEND

29

PHYSICIAN  
OR CORONER





Name  
in  
Full

Constantia Sokolowski

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

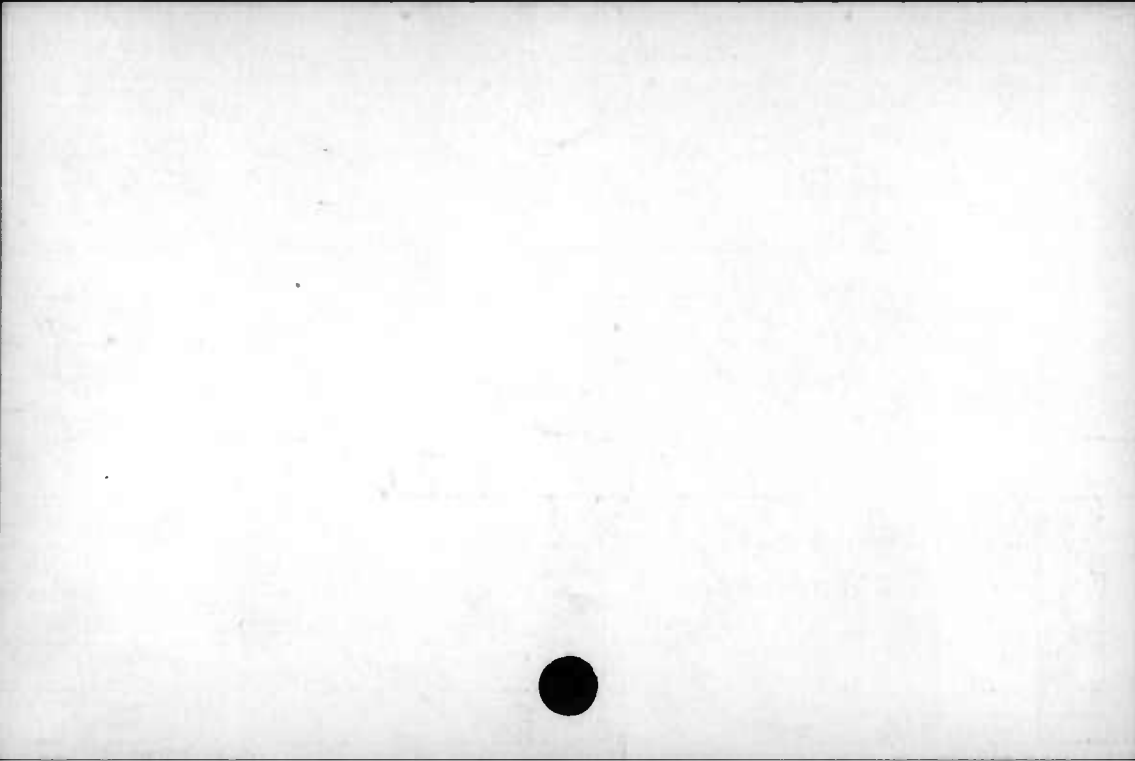
Died at		Town <i>Curtes Bay</i>		County <i>Am</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>10</i>	Age <i>0</i>	Years <i>0</i>	Months <i>5</i>	Days <i>0</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind.</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>unknown</i>				Father's Birthplace			
Mother's Maiden Name <i>Mary Sokolowska</i>				Mother's Birthplace <i>Russia Poland</i>			
Name of person giving In formation <i>Rev. P. F. Mayzner</i>				How related to deceased <i>in no way</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Acute Intestinal Indigestion</i>	How long	<i>4 days</i>
Immediate	<i>Shock &amp; asphyxiation</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William D. Scott</i>	
		Address <i>Curtes Bay as Co. Ind.</i>	
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

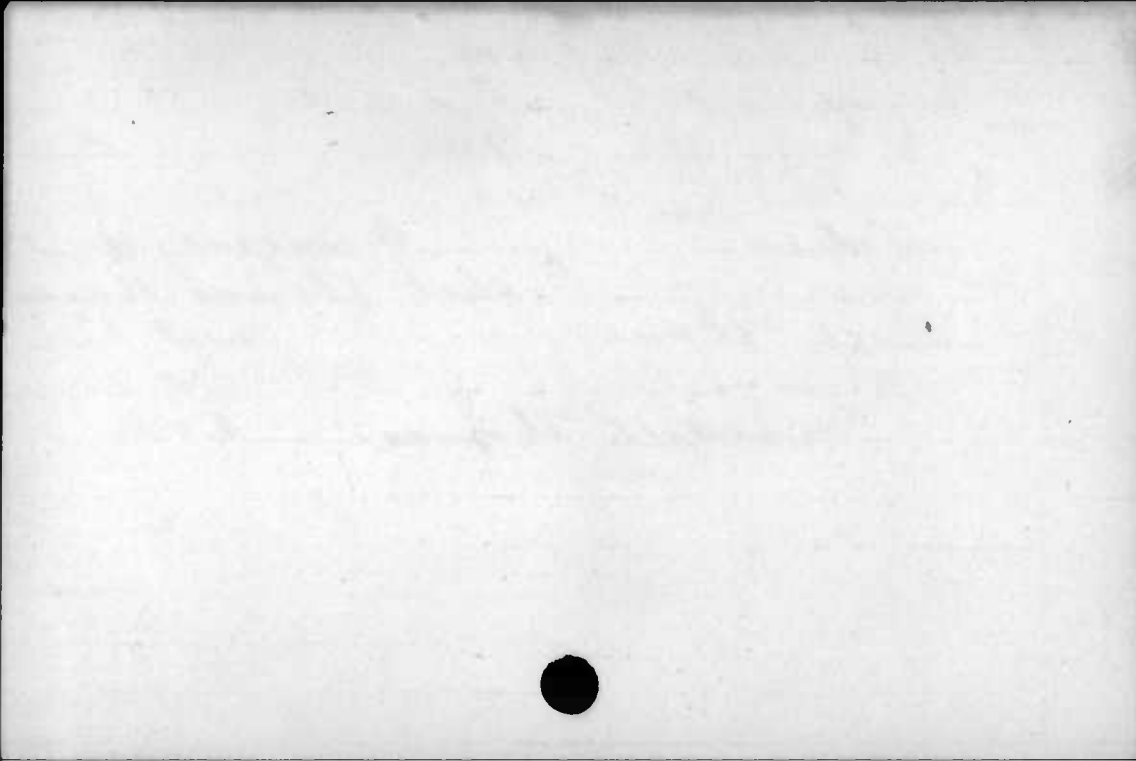
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Ridout Shange</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Annapolis</i>		Date of death <i>1908</i>		Month <i>July</i>		Day <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>34</i>		Years <i>34</i>	
Occupation <i>Merchant</i>		Birth- place <i>Annapolis</i>		Months <i>34</i>		Days <i>34</i>	
Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Robert Ellis Shange</i>		Father's Birthplace <i>Charlotte N.C.</i>					
Mother's Maiden Name <i>Caroline M. Geyell</i>		Mother's Birthplace <i>A.A. Co Md</i>					
Name of person giving In formation <i>James H. Shange</i>		How related to deceased <i>Bro</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>4 weeks</i>	
Immediate <i>with Perforation Duodenal Hemorrhage + Perforation</i>		How long <i>Hemorrhage and Perforation 24 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Purvis</i>	
Address <i>Annapolis Md</i>			
Accident or Suicide? <i>no</i>			



Name  
in  
Full

Starrisan Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

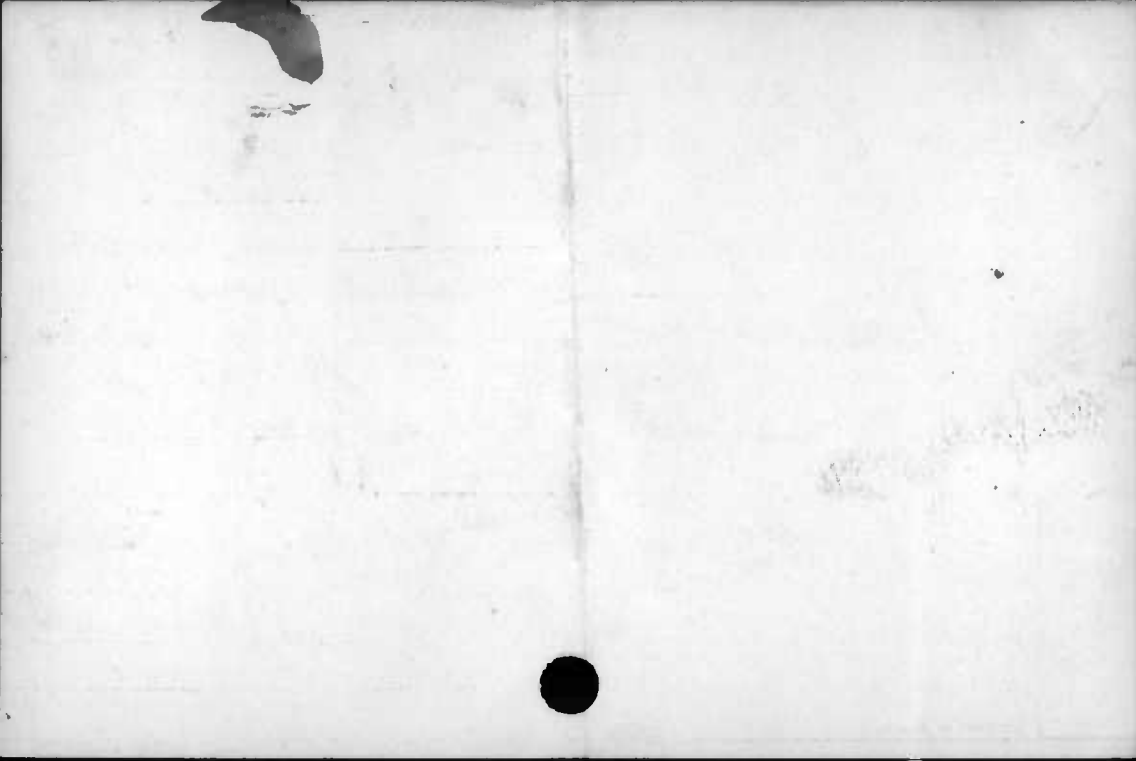
Died at <i>Annapolis md</i>		County <i>a - geo</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>22</i>	Age <i>75 3/4</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth place <i>West River W</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Emergency Hospital</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Rachel Thomas Thomas</i>				
Father's Name <i>Dick Thomas</i>	Father's Birthplace <i>West River Md</i>				
Mother's Maiden Name <i>Mary Thomas</i>	Mother's Birthplace <i>West River Md</i>				
Name of person giving information <i>Wardell Thomas</i>			How related to deceased <i>son</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

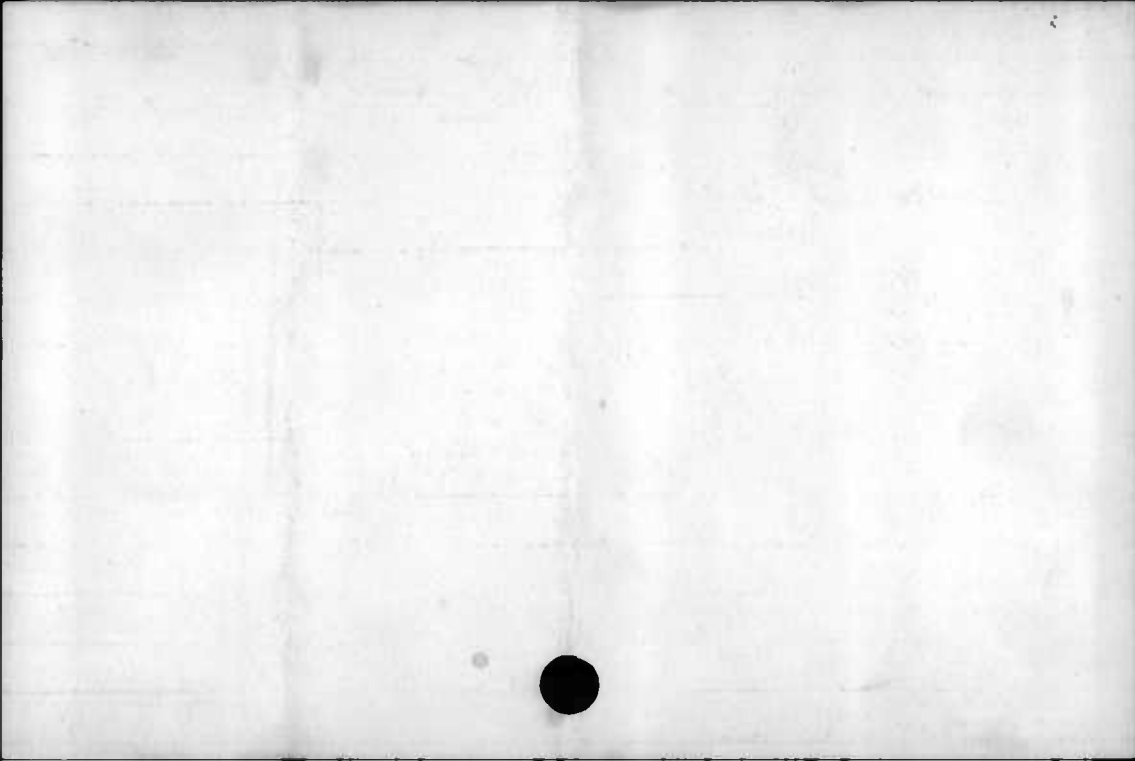
Primary <i>Nephritis</i>	How long <i>3 days</i>
Immediate <i>Uremia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walton H. Hopkins</i>
<i>9</i>	Address <i>Annapolis Md</i>
Accident or Suicide? <i>-</i>	



Name in Full		Thompson		County		A.A.		CERTIFICATE OF DEATH	
		Died at Churchton		Town		A.A.		MARYLAND	
		Date of death 1908		Month July		Day 22		Age 2 hours	
		Sex Male		Color or Race Colored		Birth-place Churchton			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed Single		Name of Wife or Husband					
		Father's Name Selman Thompson		Father's Birthplace Churchton					
		Mother's Maiden Name Ellen M. Scott		Mother's Birthplace Churchton					
		Name of person giving information William Scott		How related to deceased Grandfather					
				CAUSES OF DEATH		150			
		Primary		Ratulous Paramen Ovaly		How long			
		Immediate		Circulatory abnormality.		How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician P. R. W. Wilson,			
						Address Churchton,			
						Md.			
		Accident or Suicide?							

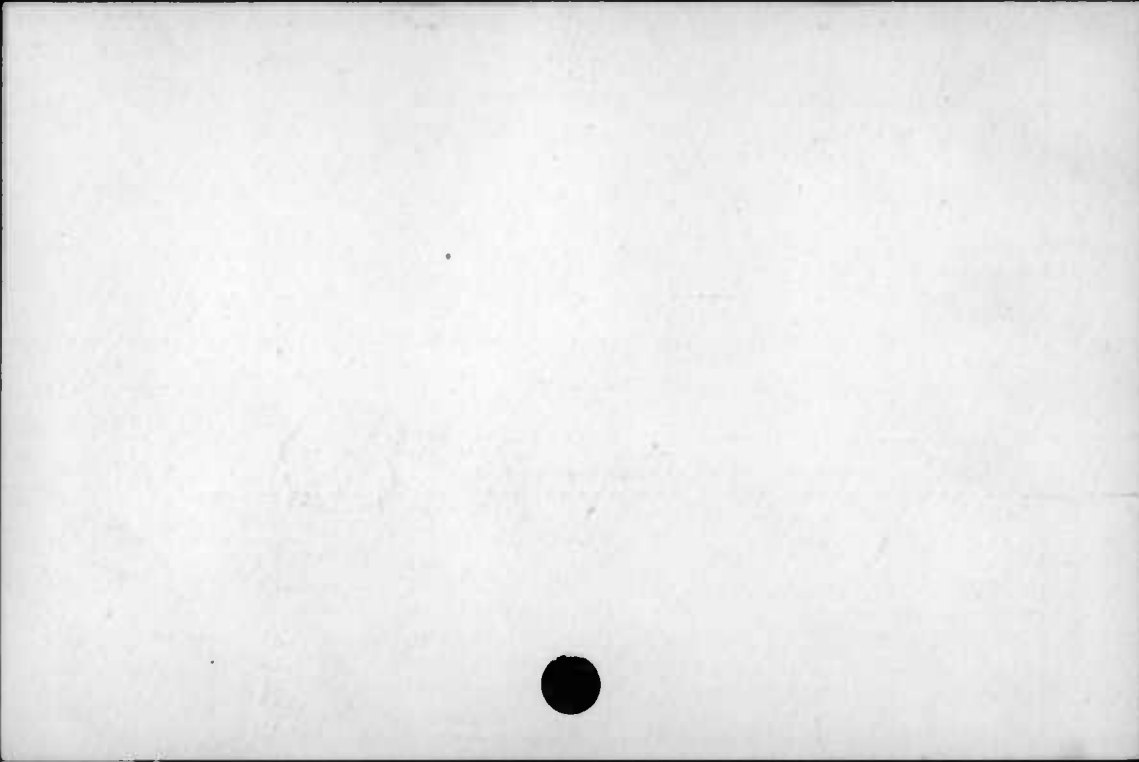
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name in Full		B.M. S Lowson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Harris Corner		County		MARYLAND
	Date of death		1908		Age		
	Month		July		Years		Months
	Day		7		Days		
	Sex		Male		Color or Race		White
	Occupation		Butler		Birth-place		Ind
	Where Residing if not at place of death		at place of death				
	Married, Single or Widowed		Married		Name of Wife or Husband		Unknown
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		D. W. Peck		How related to deceased		not at all	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">27</div>							
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long		2 mos
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		D. W. Peck
	Address		Laurel		Signature of Coroner		not
Accident or Suicide?		no					



Name

in  
Full

## CERTIFICATE OF DEATH

Gordon DeLacy Trautwein

Town

County

Died at Annapolis

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908 July

11

Age

9

1

12

Sex

Male

Color or  
Race

White

Birth-  
place

Annapolis

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Joseph W Trautwein

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Barry L Taylor

Mother's  
Birthplace

Annapolis

Name of person giving  
information

Joseph W Trautwein

How related  
to deceased

Father

## CAUSES OF DEATH

172

Primary

Drowning

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. J. Murphy  
Annapolis, Md.

Accident or Suicide?

Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Rosalind Amelia Travers  
Town Annapolis County C.A.

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

1908 July 4

2

Sex

Color or  
Race

girl colored

Birth-  
place

Annapolis

Occupation

unknown

Where Residing if not  
at place of death

144 South

Married, Single  
or Widowed

single

Name of Wife or  
Husband

unknown

Father's  
Name

Oliver Travers

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Geneva Price

Mother's  
Birthplace

Annapolis

Name of person giving  
In formation

Oliver Travers

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Injury to head

How long

one month

Immediate

Infantile Convulsions

How long

one month

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

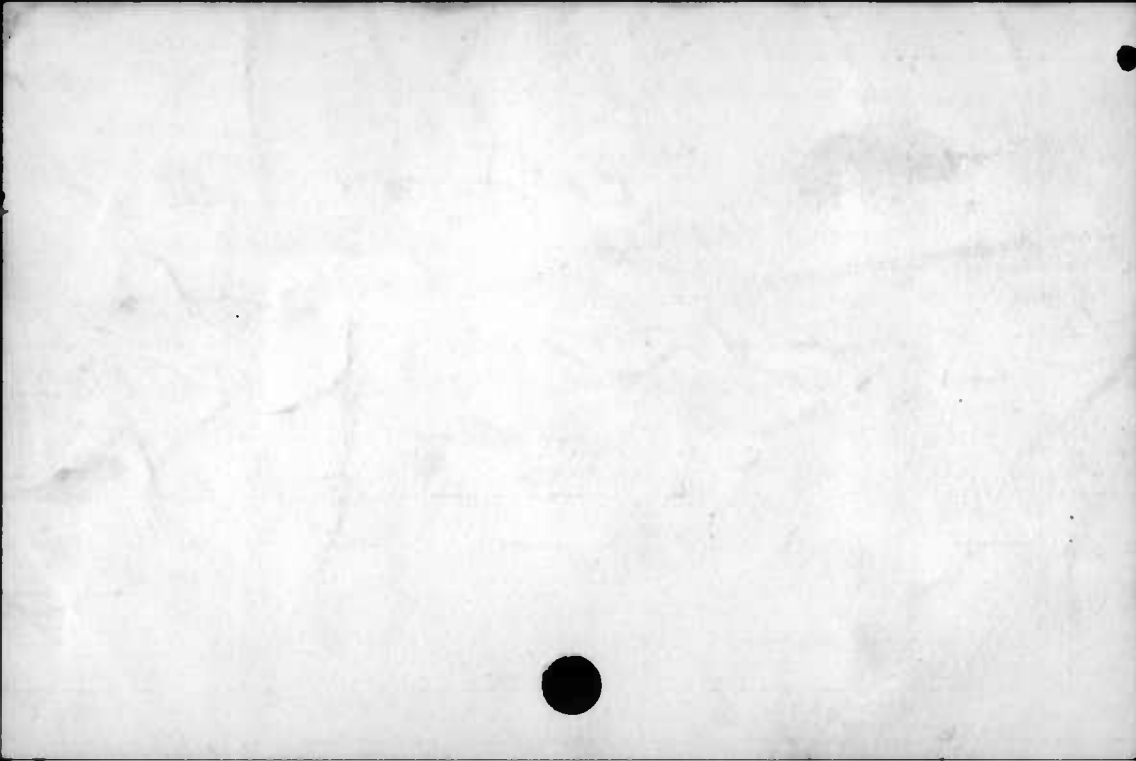
Ambrose Garcia

126 Bay St

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

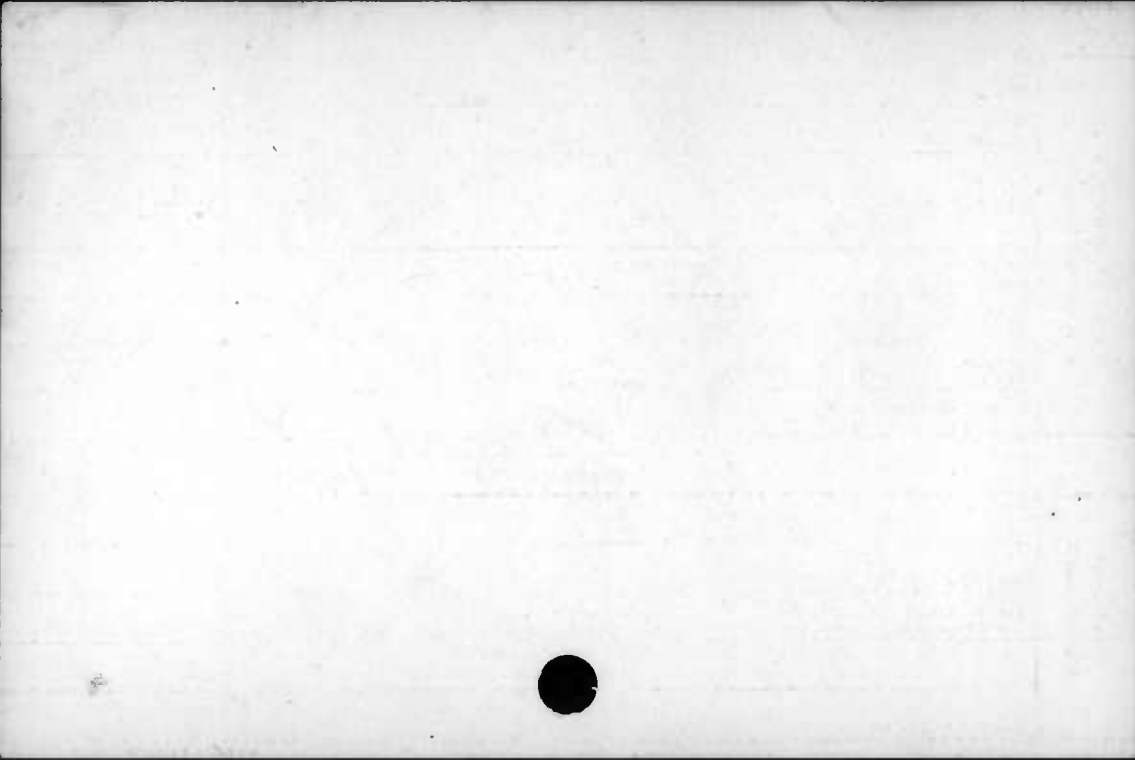
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Georgianna Tyler</b>		Town <b>Annapolis</b>		County <b>Anne Arundel</b>		State <b>MARYLAND</b>	
Died at <b>Annapolis</b>		Date of death <b>5 July 1928</b>		Age <b>39</b>		Months <b>7</b>	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birthplace <b>A.A.C. No.</b>		Days <b>12</b>	
Occupation <b>Domestic</b>		Where Residing if not at place of death <b>1214 S. Cairns St.</b>					
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>Robert Tyler</b>					
Father's Name <b>John Davis</b>		Father's Birthplace <b>A.A.C. No.</b>					
Mother's Maiden Name <b>Margaret Smother</b>		Mother's Birthplace <b>A.A.C. No.</b>					
Name of person giving information <b>Stacy Evans</b>		How related to deceased <b>friend</b>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Bright's disease</b>	How long <b>120</b> months
Immediate <b>Uraemic intoxication</b>	How long <b>months</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Ambrose Garcia</b>
	Address <b>12 clay St</b>
Accident or Suicide? <b>No</b>	





Name  
in  
Full

CERTIFICATE OF DEATH

34

TO BE ANSWERED BY  
NEAREST FRIEND

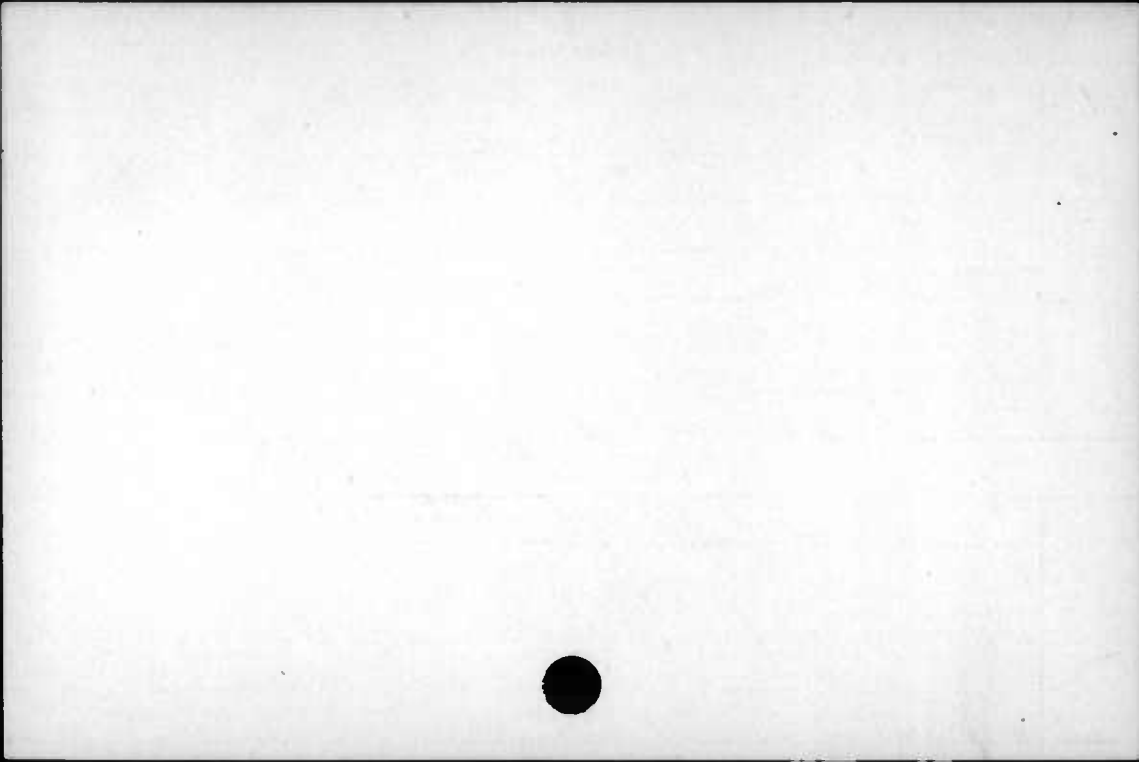
Name in Full <i>John Vacek Jr</i>		Town <i>Sollers</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Sollers</i>		Month <i>July</i>		Day <i>13</i>		Age <i>22</i>	
Date of death <i>1908</i>		Months <i>22</i>		Years <i>22</i>		Days <i>22</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>1028 N Casel St</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Vacek Sr</i>		Father's Birthplace <i>Bohemia</i>					
Mother's Maiden Name <i>Lena Riha</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Lena Vacek</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Accidental Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Peter Croner</i>
	Address <i>Brooklyn</i>
Accident or Suicide? <i>Accident</i>	<i>A A Co Md</i>



Name  
in  
Full

Charles H Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

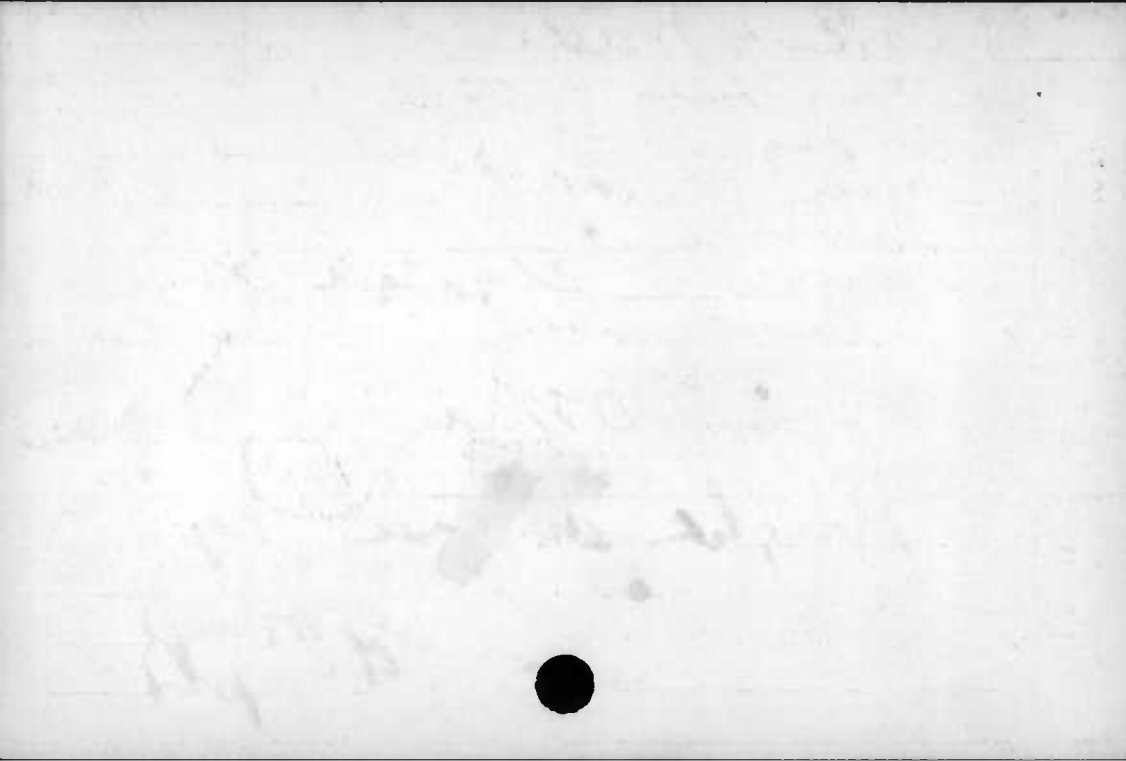
Died at		Town <i>Annepus</i>		County <i>a-a-c</i>		MARYLAND	
Date of death		190 <i>8</i>	Month <i>July</i>	Day <i>31</i>	Age <i>67</i>	Years	Months
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Elizabeth Wade</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Wade</i>		Mother's Birthplace <i>W</i>					
Name of person giving information <i>James O Wade</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

(120)

PHYSICIAN  
OR CORONER

Primary		<i>Bright air case</i>		How long <i>1 yr</i>	
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Murphy</i>			
		Address <i>Annepus</i>			
Accident or Suicide?					



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Frederick Md. Ann. Laurel.</i>		Town <i>Frederick</i>		County <i>Ann. Laurel.</i>	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>5th</i>	Age <i>58</i>	Years <i>58</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>J. H. Perry</i>			How related to deceased <i>Not related</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid</i>	How long <i>5 weeks</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Perry</i>
	Address <i>Laurel, Md.</i>
Accident or Suicide?	

W. 145

Name  
in  
Full

## CERTIFICATE OF DEATH

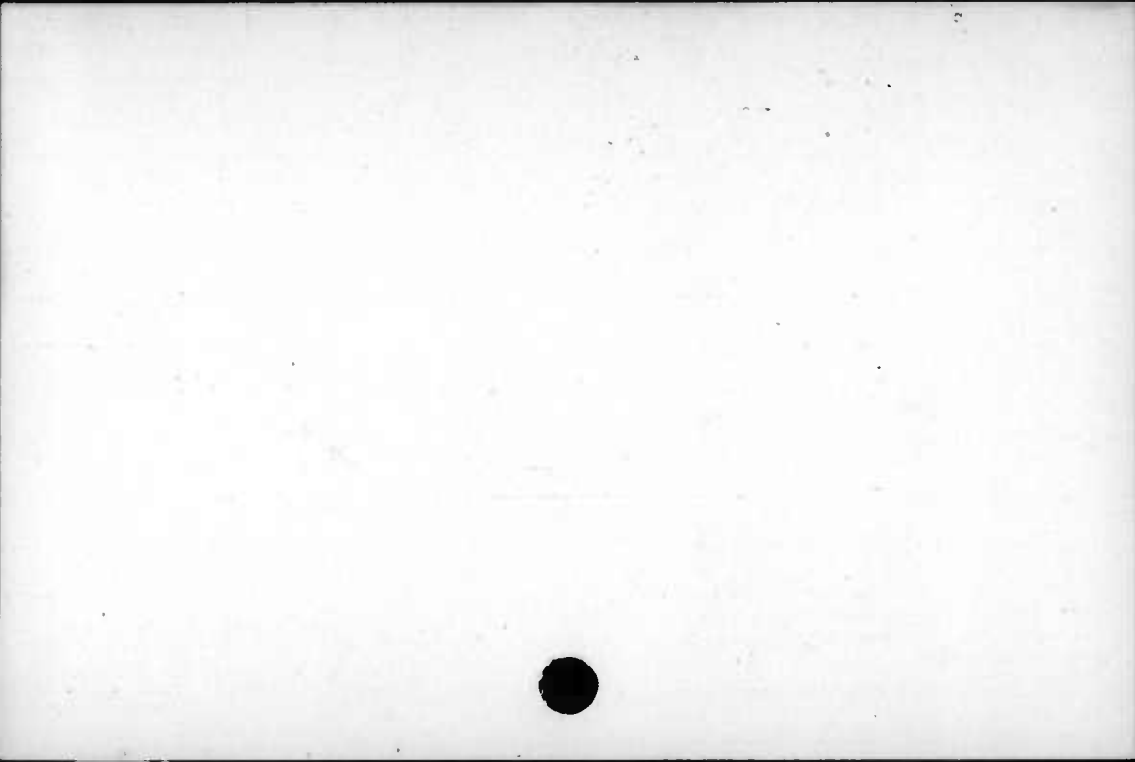
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Churckton</i>		<i>Churckton</i>		<i>Churckton</i>		MARYLAND					
Date of death <i>1908 July 20</i>		Month <i>July</i>		Day <i>20</i>		Age <i>78</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>							
Occupation <i>None</i>		Where Residing if not at place of death									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Wallace</i>									
Father's Name <i>Unknown</i>		Father's Birthplace <i>Ind</i>									
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ind</i>									
Name of person giving information <i>Wm Harrod</i>		How related to deceased <i>Friend</i>									

## CAUSES OF DEATH

Primary	<i>Valvular Disease of Heart</i>	How long <i>Unknown</i>
Immediate	<i>Pulmonary Edema</i>	How long <i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. L. Smith</i>
		Address <i>Churckton</i>
Accident or Suicide? <i>—</i>		

PHYSICIAN  
OR CORONER





Name  
in  
Full

Charles H. Way

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *County Jail Annapolis* <sup>County</sup> *Anne Arundel* **MARYLAND**

Date of death *1908* <sup>Month</sup> *July* <sup>Day</sup> *31* <sup>Years</sup> *67* <sup>Months</sup>  <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *New York*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Elizabeth Way*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *James E. Way* How related to deceased *Son*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Bright's Disease* How long *1 year*

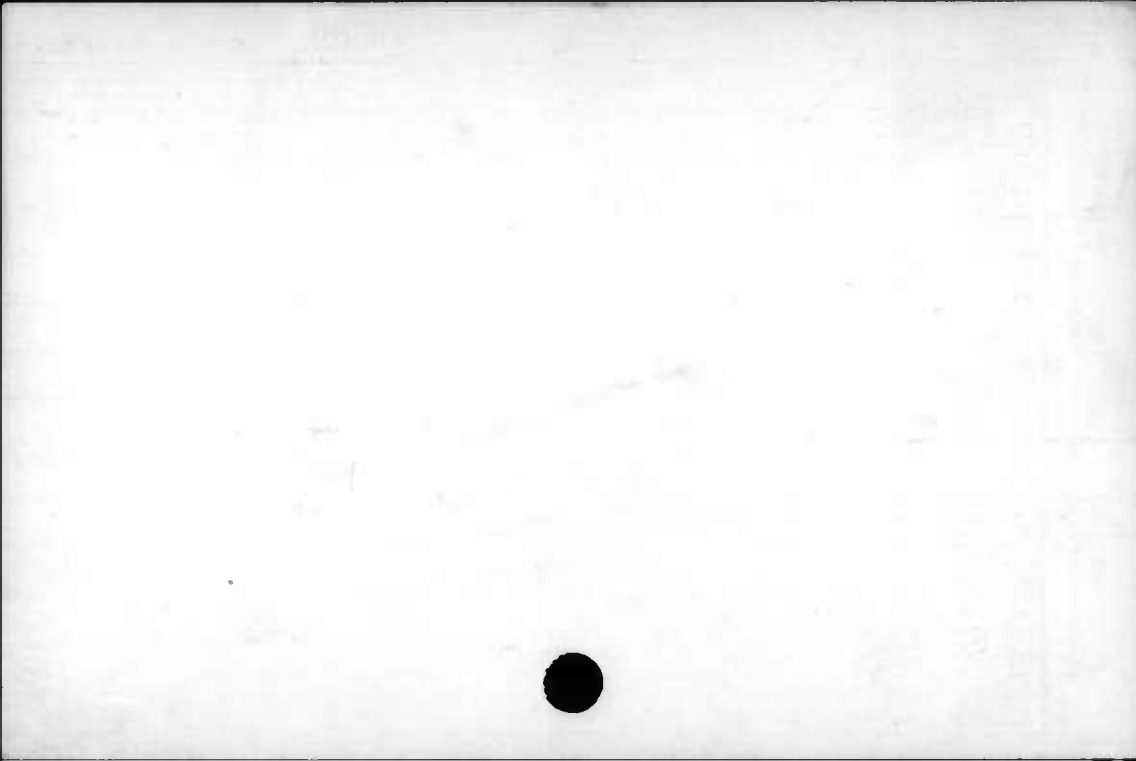
Immediate *" "* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. J. Murphy*

Address *Annapolis, Md.*

Accident or Suicide *—*



Name  
in  
Full

Elizabeth Weaver

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Camp Parole</i>		Town		<i>Anne Arundel</i>		County	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>14th</i>		Age <i>80</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>one</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Days <i>23</i>		Maryland	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob Weaver</i>		Father's Name <i>Adam Frederick Becker</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Wilhelmine E. Esslinger</i>		Mother's Birthplace <i>Germany</i>		Name of person giving information <i>Mary C. Moors</i>		How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma (?) Chronic Enteritis</i>		How long <i>about 20 or 30 yrs</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Oliver Proulx</i>	
Address <i>Annapolis Md.</i>		Address	
Accident or Suicide?			



Name  
in  
Full

George H Wells


## CERTIFICATE OF DEATH

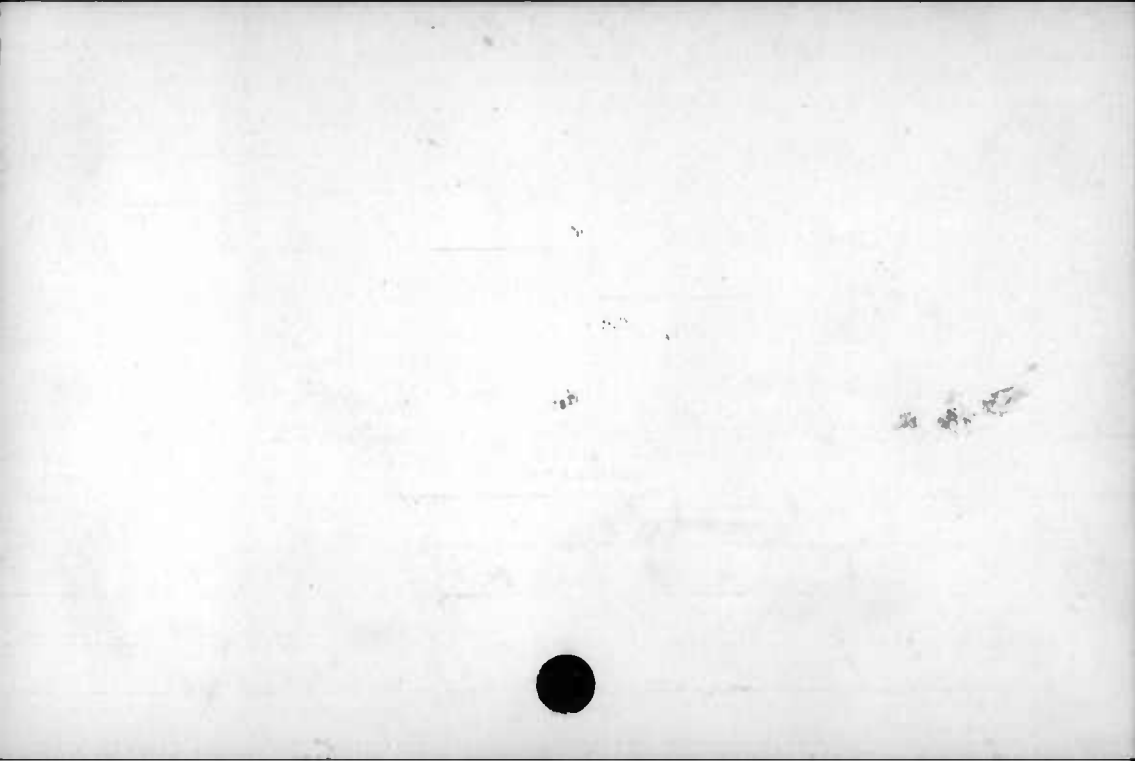
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>a a Co.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>July</i> <sup>Day</sup>	<i>14</i> <sup>Age</sup>	<i>55</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary Wells</i>		
Father's Name	<i>Richard Wells</i>			Father's Birthplace	<i>P. G. Co Md</i>
Mother's Maiden Name	<i>Mary Trant</i>			Mother's Birthplace	<i>a a Co Md</i>
Name of person giving information	<i>Mary Wells</i>			How related to deceased	<i>Wife</i>

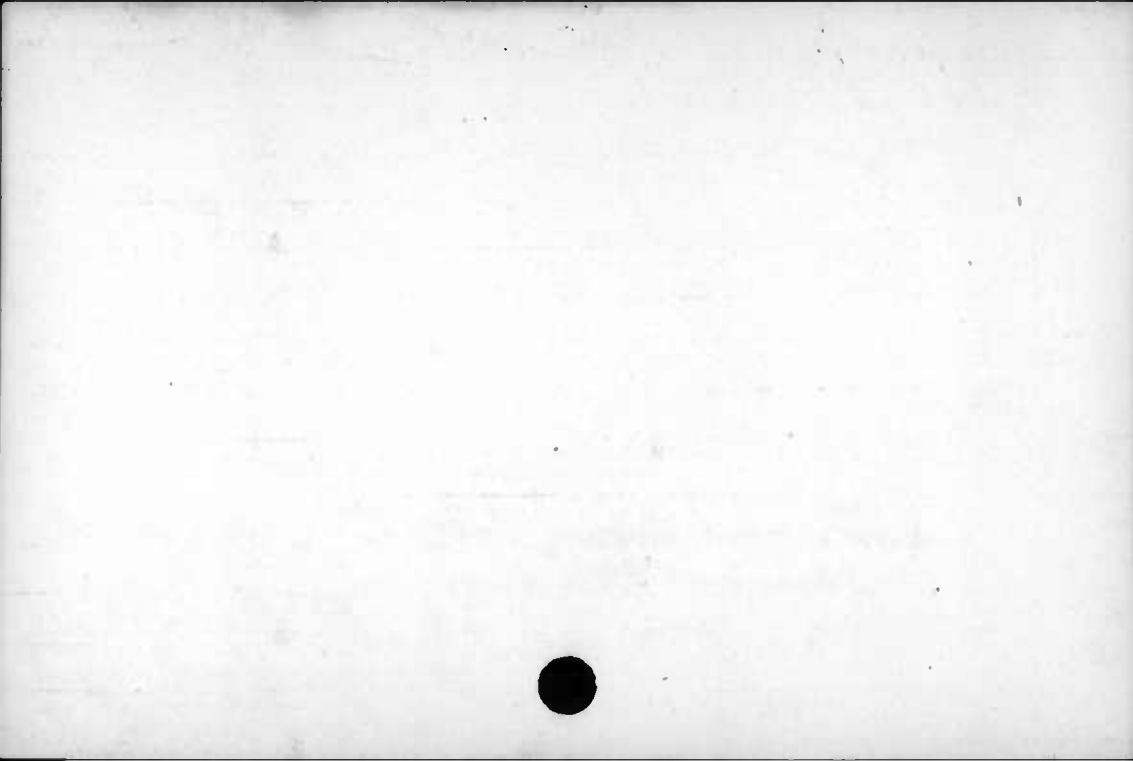
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<del><i>Carcinoma</i></del> <i>(41)</i>	How long	<i>2 yrs</i>
Immediate	<i>Carcinoma Intestines</i>	How long	<i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Murphy</i>		
	Address <i>Annapolis Md</i>		
Accident or Suicide?			



Name in Full		Ferdinand Wilde				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Shady Side		H. D.		MARYLAND	
	Date of death	1908	Month July	Day 14	Age 62	Years	Months 8 Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Oysterman		Where Residing if not at place of death		Germany	
	Married, Single or Widowed	Married		Name of Wife or Husband		Augusta / Heinrich	
	Father's Name	Unknown		Father's Birthplace		Germany	
	Mother's Maiden Name	Unknown		Mother's Birthplace		Germany	
Name of person giving information	Augusta Wilde				How related to deceased		Wife
	<p><i>Abortion of twins from intestinal canal</i></p> <div>CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER	Primary	Auto Toxemia (175)				How long	3 days
	Immediate	Pulmonary Edema				How long	5 hours
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Geo. T. Dent</i> Address <i>Churckton</i>		
	Accident or Suicide?				—		





Name  
in  
Full

Goneallia Wright

## CERTIFICATE OF DEATH

Town

County

Died at Arnolds Md

a. a. co

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

July

13

Age

9

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

How long

How long

Signature of  
Physician

Address

Accident or Suicide?

105

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

